

Intensive
Treatment
Program for
Problem
Gamblers

Intensive Treatment Program for Problem Gamblers

Acknowledgements

This Non-residential Intensive Treatment Program for Problem Gamblers has been the result of the work of many people over a period of two years. The initial survey of the Alberta Alcohol and Drug Abuse Commission's supervisors indicated that a program such as this needed to be flexible so that it would fit with agency and client needs. The program provides a flexible guide for counsellors as opposed to a prescriptive format of delivery.

During the two years in development, the program was field tested in various communities and various formats. Recommendations from those pilot experiences were implemented. We would like to thank Stan Wiens for the coordination, research and format of this program. AADAC staff who provided input on the modules include: Barry Andres, Dayle Bruce, Susan Cormack, Dave Delaire, Mary Ellen Jackson Herman, Diane Lamb, Gene LeBlanc, Ernie Ling, Harold Machmer, Marie-Line Mailloux, M.J. Mcleod, Ron Olsen and Karen Smith. Marley Chute was the tireless typist and computer formatter.

Disclaimer

AADAC is a non-profit agency of the government of Alberta. This resource is available free of charge to AADAC staff and may be distributed to other treatment personnel in Alberta in a limited number; however, a few packages may be sold on a partial cost-recovery basis to agencies outside the province but distribution and sale will be limited to Canada and the USA. Every effort has been made to track down and cite sources. If any have been missed, please notify AADAC and any omissions will be rectified on subsequent copies.

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Program Guide

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Section 1:

About the Program

This *Intensive Treatment Program for Problem Gamblers* has been designed in Alberta, Canada and therefore makes reference to Alberta services and supports throughout the manual. Users of this manual are encouraged to identify supports and contacts in their own communities and insert them.

Program Description

The *Intensive Treatment Program for Problem Gamblers* has been designed for the increasing numbers of clients who seek treatment for problems related to gambling. The program is intended to provide treatment where clients need more than individual counselling, yet can't attend a residential inpatient treatment program. This *Intensive Treatment Program for Problem Gamblers* is recommended for those who recognize that a gambling problem exists and have a desire to make some changes. It is not recommended for "precontemplations." (See description on pg. 14)

The *Intensive Treatment Program for Problem Gamblers* has several unique features:

- The program is comprised of a series of modules in order to enhance flexibility in treatment planning and service delivery, and to encompass all aspects of the client's life, both within and outside the counselling setting. Counsellors and clients work together to select the modules which are most appropriate for the particular needs of each client. Throughout the program, modules can be added, deleted, or modified in order to foster and support the changes the client is experiencing.
- The modules can be delivered in different ways. This feature has been incorporated to accommodate the varying resources of service agencies (e.g. staff availability, space constraints) as well as the variability in the number of clients seeking treatment for problem gambling.
- Many modules can be integrated into existing treatment programs, groups and services. While some modules are specific to problem gambling alone, others focus on more generic topics and are suitable for clients receiving treatment for addictions other than gambling. The integration of problem gamblers in these groups fosters treatment effectiveness and efficiency.
- The program uses the principles of four main treatment approaches to bring about insight and behaviour change; they are: Stages of Change theory, Motivational Interviewing, Behavioral Counselling and Cognitive Restructuring. A brief overview of these approaches is provided. A working knowledge of these approaches is recommended.

The *Intensive Treatment Program for Problem Gamblers* is comprised of two sets of modules: *Gambling-Specific Treatment*—a series of modules (1 through 8) which provide information about gambling and problem gambling; and *Generic Treatment*—a series of modules (A to H) which focus on developing skills and resolving underlying issues.

Gambling-Specific Modules

- # 1 Introduction to the Program
- # 2 What is Problem Gambling?
- # 3 Gambling as a Lifestyle
- # 4 Establishing Support
- # 5 Debt Assessment and Management Plan
- # 6 Negative and Irrational Thinking
- # 7 Substance Abuse and Mental Health Issues
- # 8 Relapse Prevention

Generic Modules

- # A Stress Management and Relaxation
- # B Leisure Planning
- # C Self-Esteem
- # D Dealing With Loss
- # E Relationships
- # F Communication Skills
- # G Anger Management
- # H Assertiveness

Program Materials

This resource package *Intensive Treatment Program for Problem Gamblers* has been designed to assist addictions counsellors in planning and delivering the program in their communities. The package consists of the resources described below.

Program Guide

The program guide outlines the components of the *Intensive Treatment Program for Problem Gamblers*, describes the resources available for its implementation, and discusses how its flexibility can be used to fit the needs of clients and agency resources.

The Guide has the following sections:

1. **About the Program** describes the resources that comprise the *Intensive Treatment Program for Problem Gamblers*.
2. **Program Planning** is intended to help agencies assess the resources they have available in order to determine the most efficient way to deliver the program.
3. **Cornerstones of the Program** discusses the theoretical basis of the *Intensive Treatment Program for Problem Gamblers* and describes four fundamental approaches that underlie the program: stages of change theory; motivational interviewing; behavioral counselling; and cognitive restructuring.
4. **Screening and Assessment** outlines various procedures and tools that counsellors can use to provide comprehensive screening and client assessment.
5. **Planning Client Treatment** discusses treatment planning for clients. Guidelines are presented for developing individualized client treatment plans.

Module Format

A series of modules forms the core of the resource package. Each module consists of the following components:

Overview

Briefly describes the intent of the module and why it is included in the program.

Objectives

Indicates what clients should gain from the module.

Time

Identifies how long the module should take to complete. Note: Some modules are conducted over several sessions. In these cases, times and intervals are specified.

Strategy

Provides suggestions and guidelines for presenting content and activities that comprise the module.

Background Information

Provides the content on which the module is based.

Client Materials

Includes worksheets for distribution to clients. Throughout the program, participants will receive many worksheets. In order that the participants can keep the worksheets in order, flip back to them as the program progresses for post program review. It is recommended that each worksheet be 3-hole punched and participants provided with a 5 cm (2") 3 ring binder.

Supplementary Information

Indicates supporting research articles or books relevant to the module. Only one audio visual has been included in this program. (See Module 2.) Other audio visuals may be selected by the facilitator and included based on availability and preferred presentation style.

Module Descriptions

Module 1: Introduction to the Program

In this session, participants begin to normalize the problems they are experiencing with their gambling. Participants recognize that they are not alone, that their problems are not unique, and that help is available.

The first session is designed to provide an overview of the *Intensive Treatment Program for Problem Gamblers* and to introduce program staff and participants. Through presentations and discussions, participants learn more about problem gambling and may begin to process some of the ambivalence they may be experiencing about their gambling. At the end of the session, participants are provided with the opportunity to make an explicit commitment to continue in the program.

Module 2: What is Problem Gambling?

An important part of treatment involves helping clients put their experience into context in order to develop a complete picture of their gambling behaviour and how it has affected their lives. This process takes time. It begins in this session as participants explore the nature of problem gambling and begin to relate this information to their own experience.

As clients proceed through the treatment program, they will begin to perceive their gambling and its effects more realistically and accurately. They will gain insights about themselves and recognize the role that gambling has played in their lives.

Module 3: Gambling As a Lifestyle

In this module, clients begin to gain more understanding of their problem gambling as they consider factors which may have contributed to their current situation. The module encourages participants to take an introspective look at themselves and their gambling behaviour.

Aspects of lifestyle are examined, as well as the cognitive processes involved in impulsive decision-making. Predisposing factors, such as family history, childhood experiences and personality characteristics are also discussed.

Module 4: Establishing Support

A supportive environment is a fundamental aspect of problem gambling treatment. Social support plays a key role in helping problem gamblers change their behaviour and adjust to a new lifestyle.

One aspect of the *Intensive Treatment Program for Problem Gamblers* involves participation in a support group and attendance at Gamblers Anonymous meetings, if appropriate. These sources of support can play an important role in recovery from problem gambling. Support groups can enhance personal well being, improve social functioning, and help clients cope with the consequences of problem gambling.

Module 5: Debt Assessment and Management Plan

Financial distress is a common feature of problem gambling. In fact, many problem gamblers initially seek help for their gambling as a result of a severe financial crisis. Dealing with this financial crisis is often the first priority in treatment. However, once the initial crisis has been resolved, financial chaos often remains. High levels of indebtedness are the rule, not the exception, for problem gamblers.

Module 6: Negative and Irrational Thinking

Contemporary views on treatment for problem gambling advocate the use of cognitive therapy. These techniques focus on negative thinking patterns and irrational or false beliefs which help to perpetuate problem gambling behaviour.

Cognitive therapy helps clients identify negative ways of thinking and recognize how these result in poor self-esteem, worry and depression which may then lead to or contribute to gambling. Given that depression is common among problem gamblers, such techniques are advisable. By correcting negative thinking patterns, self-esteem is enhanced, mood improves, and the need to escape from feelings through gambling is reduced.

Moreover, problem gamblers hold many false or irrational beliefs about gambling and the likelihood of winning. An important aspect of recovery involves helping clients recognize the irrationality of these beliefs and replacing them with realistic and accurate views.

Module 7: Substance Abuse and Mental Health Issues

When gambling is a problem, substance abuse and/or a mental health condition may also be present. Although most clients will have been assessed for such problems prior to entering the treatment program, some may not have. As problem gambling ceases, it is not uncommon for other problems to emerge. Clients should be aware of the signs of these conditions and know where to go should they occur.

Module 8: Relapse Prevention

It is not uncommon for clients to return to gambling, in some form or at some level, during or after treatment. Therefore, addressing the issue of relapse is both prudent and worthwhile. The primary focus of treatment is to provide clients with the skills and knowledge they need to avoid gambling behaviour. However, it is also important that clients understand the dynamics of relapse and be able to recognize and interrupt the process in its early stages.

Module A: Stress Management and Relaxation

The inability to relax is often a contributing factor to problem gambling. The hyper- or hypo-arousal condition, which is often a contributing factor to problem gambling, results in a chronically stressful state. Gambling serves as a way of relieving this stress. Moreover, the consequences of problem gambling create even greater stress. The result is a deepening spiral of gambling to relieve stress and causing more stress as a result.

Stress management strategies and relaxation techniques are often useful for helping clients learn to manage uncomfortable feelings. Negative emotional states often become more acute when the gambling stops. Therefore, alternative ways of dealing with these feelings must be identified early in treatment.

Module B: Leisure Planning

Problem gamblers commonly experience a void in their leisure activities when they stop gambling. They may require leisure counselling to help them increase their leisure options and enlarge their range of recreational activities. Treatment for action gamblers, in particular, often requires investigating other ways in which excitement can be found. New leisure activities also contribute to the development of a positive support network and help establish a lifestyle free of gambling.

Module C: Self-Esteem

Problem gamblers may experience a lack of self-esteem.

In some cases, low self-esteem may have been present prior to a gambling problem. In other cases, problems with gambling may contribute to low self-esteem. In either case, treatment of problem gambling clients may require that issues such as their habitual means of dealing with the world, beliefs about themselves, and past experiences be addressed. In this module, clients begin to examine their current levels of self-esteem and consider whether changes are required in this area.

Module D: Dealing With Loss

Many problem gamblers experience a sense of loss and feelings of grief when they quit gambling. These feelings need to be addressed in treatment. Moreover, losses (and the grief associated with these losses) may also be a factor contributing to problem gambling. Losses include such things as retirement, children leaving home, the death of a loved one, and so forth.

Similarly, unresolved past neglect or abuse and the low self-esteem associated with these factors may play a role in problem gambling. Grief issues may help to explain why depression is a common feature of problem gamblers.

Module E: Relationships

Family conflict and loss of trust are common issues that many problem gamblers experience. An important part of treatment is helping problem gamblers address these difficulties and learning how to develop healthy relationships.

Module F: Communication Skills

Many problem gamblers have difficulty expressing their needs and feelings, and communicating honestly and clearly with others. Therefore, building effective communication skills is an important part of recovery.

Module G: Anger Management

Learning to deal with, and express, anger is often an important part of recovery. Anger is a part of the grieving process for the loss of gambling. It is important that gambling clients learn appropriate and effective ways to cope with their anger. The skills participants have learned in previous modules can also be applied to anger management.

Module H: Assertiveness

Many problem gamblers, particularly passive gamblers, have difficulty being assertive. Part of the treatment required by these clients may involve skill development in this area.

Section 2:

Program Planning

The *Intensive Treatment Program for Problem Gamblers* can be delivered in various ways. This flexibility has been incorporated to accommodate the varying resources of agencies offering the program (e.g. staff availability, space constraints) as well as the variability in the number of clients seeking treatment for problem gambling.

Many modules can be integrated into existing programs, groups and services. While some modules are specific to problem gambling, others focus on more generic topics and are suitable for clients receiving treatment for substance abuse. The integration of problem gamblers in these groups can enhance treatment effectiveness and efficiency.

Program Formats

Although the program can be offered in numerous ways, five primary formats are described below. Whichever format is selected, it is suggested that the facilitator encourage each participant to understand that their personal recovery program extends beyond the time spent in this program. Encourage participants to include in their recovery plans such things as spending time with family, completing daily chores, attending to appointments, buying groceries, or going to work. This can encourage participants to recognize that time spent in the Intensive Treatment Program is a small part of their overall recovery.

- **4-Week Intensive Program**

Five days a week for 4 weeks, problem gambling clients receive information, participate in activities, and are encouraged to attend a support group. Approximately one module is covered each day. Sessions based on generic modules (i.e., Modules A-H) may be integrated with a substance abuse treatment program; in these sessions clients from both programs attend and complete activities together.

In this format, the program may include daily talk group sessions to help participants process the information they have received and the changes they are experiencing.

- **Long-Term (3- to 6-months) Part-Time Program**

In this format, problem gambling clients receive treatment in a much less intensive fashion. This program consists of one or two evening sessions a week, plus homework assignments. Approximately one module is covered each week. Generic modules may be integrated with other treatment programs.

- **Selected Modules Program**

In this format, the entire program would be scheduled but clients would only attend the modules they have selected to meet their needs.

Counsellors working in this format should assist the client in establishing a full 7-days per week, 24-hours per day, program. The review of homework in this format becomes individualized, yet group discussion provides valuable information for all involved. This is the most flexible and adaptable approach to the use of this program.

- **Weekend Format**

In this format the program may begin on a Friday evening and continue all day Saturday and then end by Sunday noon or late afternoon. Modules are then selected and arranged to meet this time schedule.

- **Ad Hoc Use**

A fourth option is to use the modules as needed, on an individual basis, based on assessment or expressed need. The format could involve an educational or informational approach during an individual counselling session. The client could receive homework worksheets which could be reviewed in the next session.

Program Activities and Sequences

Although the modules of the *Intensive Treatment Program for Problem Gamblers* are designed to stand alone, particular sequences are suggested. Certain modules are more appropriate early in the treatment program, and others are more effective when presented later in the recovery process.

A suggested sequence for the four-week Intensive Program is outlined below.

Week 1

- Module 1: Introduction to the Program
- Module 2: What is Problem Gambling?
- Module 3: Gambling as a Lifestyle
Module A (Parts 1 & 2):
Stress Management and Relaxation
- Module 4: Establishing Support
Introduction to Debt Assessment

Week 3

- Module A: Stress Management and Relaxation
- Module B: Leisure Planning
- Module C: Self-Esteem
- Module D: Dealing With Loss *Unassigned Day*

Week 2

- Module 5: Debt Assessment and Management Plan
- Module 6: (Part 1) Negative and Irrational Thinking
Module A (Part 3): Stress Management and
Relaxation *Unassigned Day*
- Module 6: (Part 2): Negative and Irrational Thinking
- Module 7: Substance Abuse and Mental Health Issues
- Module 8: Relapse Prevention

Week 4

- Module E: Relationships
- Module F: Communication Skills
- Module G: Anger Management
- Module H: Assertiveness

**Unassigned Days* can be used as days where clients can attend to personal and family assignments, review homework or add additional information to the program.*

Section 3:

Cornerstones of the Program

Many approaches are available for treating problem gamblers. Most often, a multi-modal approach, or a collection of strategies, is used. The *Intensive Treatment Program for Problem Gamblers* is primarily based on behavioral and cognitive approaches to counselling, particularly the use of the strategies of behavioral counselling and cognitive restructuring.

The way in which counsellors interact with clients appears to be as important, if not more important, than the specific approach or school of thought from which they operate. This interaction seems particularly true for problem gamblers, as they have typically alienated those who most care about them through the destructiveness of their behaviour. The counsellor must be seen as non-judgmental and willing to listen.

Creating an atmosphere conducive to change is one of the many challenges counsellors face when dealing with problem gamblers. When working with problem gamblers and chemically dependent clients alike, the principles of *The Transtheoretical Model of Change* (Prochaska, Norcross, & DiClemente, (1994) and *Motivational Interviewing* (Miller & Rollnick, 1991) have been demonstrated to be effective in helping people change.

An overview of these four cornerstones—stages of change, motivational interviewing, behavioral counselling, and cognitive restructuring is provided below.

Stages of Change

The following material is adapted from: Prochaska, J., Norcross, J., & DiClemente, C. (1994). *Changing for Good*. New York: Morrow and Co.

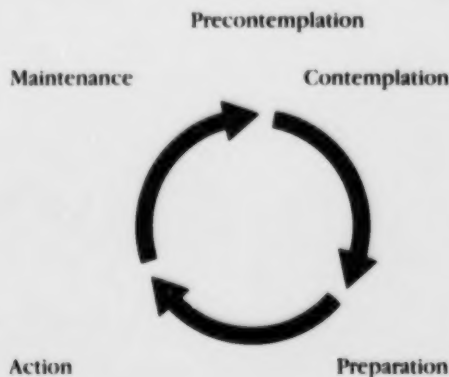
Clients do not always come to counselling ready to change. Addictions counsellors often see clients who are sent to counselling because someone else recognizes the problems. Problem gambling clients present for counselling at various stages of readiness for change (although they often seem "more ready" than their substance abusing counterparts). Perhaps this is due to the devastating financial situation many are faced with, or the rapid progression of some gambling problems.

The Transtheoretical Model of Change, originally developed by Carlo DiClemente and James Prochaska, is helpful in understanding behaviour change. The model outlines six stages of change that people progress through in changing problem behaviours. Understanding the Model of Change helps to identify "where clients are at" in their process of change.

By being aware of the stages of change, counsellors may take different approaches with clients, depending on where they are in the process of change. For example, different strategies are used in working in the contemplation and action stages. Problems with clients being unmotivated or resistant often occur when a counsellor is using strategies inappropriate for the client's current stage of readiness for change.

Stages of Change Model

Prochaska and DiClemente (1992)



The following are the six stages of change as outlined in the Model of Change.

Precontemplation

At this stage, individuals can be thought of as "not ready" for change as they have not yet considered the possibility or need for change. They may not know their behaviour is a problem or they may have tried to change on numerous occasions and have quit trying. However, the notion of precontemplation suggests that someone else knows there is a problem. Precontemplators are only likely to attend treatment if pressured or mandated by someone else. Precontemplators are often labeled as resistant or "stuck." The therapeutic task with a client at this stage is to raise doubt and increase the client's perception of the risks and problems associated with their current behaviour. Strategies that may achieve this may involve providing information, giving literature that they can read at home, and awareness building exercises regarding their behaviour. People in this stage are not recommended to be a part of the Intensive Treatment Program for Problem Gamblers.

Contemplation

This stage might best be thought of as a continuum that *begins* when individuals recognize they may have a problem that they may want to change and *ends* when individuals conclude that they do have a problem that they do want to change. In between, people experience ambivalence—both considering and rejecting change. Such ambivalence is normal and understandable, and is typical of many of the clients who present for addictions counselling. Contemplation, then, involves achieving the *willingness* to change. The objective with a client in this stage is to evoke the reasons for changing and the risks of not changing. Strengthening the client's self-efficacy for change is also important at this stage. Assisting the client to develop a discrepancy between their present behaviour and their goals and to consider the advantages and disadvantages of changing can be useful in this stage.

Preparation

In the preparation stage, people make plans to accomplish the desired change. Their strategies must be realistic and appropriate. Clients seem ready and committed to make a serious attempt at change. The counsellor helps them consider the best action to take. It is important for the counsellor to recognize that enthusiasm does not equal skill at this point. There may be many barriers to overcome for the client to be successful.

Action

Clients in the action stage may use their counselling session to obtain support, learn skills, remodel or change their cognitive orientation, and monitor their success. Counselling is focused on building those strategies that enhance that change. Research shows that three to six

months is required for this phase to be complete, although this varies with the individual and the problem area. Clients in this stage may appear for treatment, have one session, and make significant and long lasting changes (these tend to be the "miracle clients").

Maintenance

New behaviour becomes firmly established at this stage. Although the threat of relapse is less frequent or intense, it is still possible. Counselling therefore serves to help the client identify and build strategies to prevent relapse. Clients must be realistic in their understanding of the length of time required to accomplish change.

Termination

The termination stage is the ultimate goal for all clients. The client has developed abilities to handle the challenges, and the person will have complete confidence they can cope without fear of relapse. Ten to fifteen percent of problematic alcohol and drug users reach the termination stage of change. Most clients remain in the maintenance stage for the rest of their lives. This means that they have built a healthy and rewarding lifestyle, yet may still be tempted on occasion.

Motivational Interviewing

The following material is adapted from: Miller, W. & Rollnick, N. (1991). *Motivational Interviewing: Preparing People to Change Addictive Behaviors*. New York: Guilford.

Where Prochaska and DiClemente have described the stages of change, Rollnick and Miller offer strategies to move the client from one stage to the next. These strategies are termed "motivational interviewing."

The strategies of motivational interviewing are supportive rather than coercive or argumentative. The counsellor attempts to create a positive atmosphere that is conducive to change. Motivational interviewing uses a variety of strategies (some derived from client-centered counselling) to encourage internal change, rather than imposing external change onto the client. It is an approach designed to help clients build commitment and reach a decision to change.

Motivational interviewing is effective when working with people who are reluctant or ambivalent about changing (i.e., precontemplators and contemplators). For the majority of these people, giving advice or applying other strategies that focus on the actual behaviour change will be of limited value and result in resistance or the advice being ignored. Specific strategies that motivational interviewing

utilizes include providing immediate feedback to the client, emphasizing responsibility to change, offering a menu of approaches by which change can be attained, and supporting client's self-efficacy for change. These are all conducted in an empathetic atmosphere that seeks to develop further interest in changing on behalf of the client.

Through various principles and strategies, motivational interviewing helps people work through their ambivalence about changing their behaviour and helps them get moving on the path to change.

Behavioral Counselling

Actions are the focus of behavioral therapy, which is based on the assumption that gambling is a learned behaviour. By looking at the gambling behaviour and making plans for change, more appropriate actions take the place of the problem behaviours. Behavioral therapy is usually done on an individual basis, and may involve one or more of the following approaches:

Behavioral Contracting

This approach involves the use of a contract or agreement, in which the gambler agrees not to gamble or to gamble only to a pre-established limit. The components of a contract are:

- A task to be completed.
- A description of how it will be completed.
- Criteria of how well it will be completed.
- A date for completion.
- The reward for completion or consequence for non-completion.

This strategy is one application of behavioral counselling in the *Intensive Treatment Program for Problem Gamblers*, although relaxation therapy also a plays role.

Relaxation Therapy

This commonly used approach involves teaching clients various ways of relaxing in order to deal with urges to gamble, i.e., reduce stressful feelings that precipitate gambling behaviour.

Skill Development is another application of behavioral counselling use in the *Intensive Treatment Program for Problem Gamblers*.

Cognitive Restructuring

Another major focus of the *Intensive Treatment Program for Problem Gamblers* involves cognitive restructuring. This approach is recognized as a particularly important aspect in the treatment of problem gambling. It is based on the principles of cognitive therapy.

Cognitive therapy is directed toward how people think about themselves, their world, and their place in it. It explores negative thoughts and examines how they result in low self-esteem, worry, and dejection. Cognitive therapy helps people develop a more realistic and positive point of view. Cognitive therapy is used in two main ways in problem gambling treatment: thought stopping and cognitive restructuring. In thought stopping, clients learn to modify thought patterns about gambling so that the behaviour is no longer triggered.

In cognitive restructuring, clients explore irrational or mistaken beliefs related to gambling in order to reduce or eliminate the motivation to gamble. Problem gamblers often hold false or irrational beliefs about gambling and the likelihood of winning. An important aspect of recovery involves helping clients recognize the irrationality of these beliefs and replacing them with realistic and accurate views.

Section 4:

Screening and Assessment

Screening and assessment, in and of itself, is an important component of treatment. Clients often change their behaviour, or at least gain significant insights into their gambling, on the basis of screening and assessment alone.

Initial screening and assessment is recommended, prior to the participant entering the program. This will help deal with issues such as suicide or financial crisis.

Screening is the first step in accurately identifying clients who require further assessment of their gambling behaviour. A screening tool is a collection of questions that reflect the criteria for problem or pathological gambling.

Assessment focuses on the problems related to gambling, as well as other major life areas. Assessment is the first step in the treatment process. It involves determining that a problem exists and accurately detailing the specific nature of the problem. Assessment is a mutually cooperative process and, when done well, can be motivating for the client.

Screening and assessment are integral to the treatment process and are ongoing processes. Counsellors are encouraged to work through the steps of screening and assessment, even though at times it may seem unnecessary. The process of screening and assessment may be completed within one session or it may take two or more sessions. Some counsellors see the first session as a screening session and the second as the assessment session.

As with any first session with a client, engagement is a priority. The client needs to feel welcomed and accepted. The counsellor must be non-judgmental, uncritical, and highly skilled at listening. Understanding everything about gambling problems is not nearly as important as having a willingness to learn and a genuine interest in the person in front of you. A word of caution: don't be tempted to get "caught up" in the client's gambling stories. They can be enormously entertaining and full of lively detail, but your session will be gone before you know it if you sway from your purpose: assessment. Explain clearly that the intent is to have an accurate assessment by the end of the session or by the end of the next session, if necessary. A balance of asking relevant, direct questions and active listening are the skills most needed in obtaining assessment information.

Clients will appreciate an explanation that the assessment session will seem somewhat different than future sessions. Emphasize the importance of assessment as the foundation for further counselling. Just as it is critical that a physician have a complete understanding of a patient's health prior to any treatment recommendation, the counsellor and client must have accurate and extensive knowledge before planning a course of action.

Screening for Problem Gambling

The following tools are useful for screening for problem gambling and can be ordered from the address provided.

The AADAC Gambling Screen

AADAC (Alberta Alcohol and Drug Abuse Commission)
2nd Floor Pacific Plaza Building, 10909 Jasper Ave.
Edmonton, Alberta, T5J 3M9

The purpose of this questionnaire is to identify, from among the clients who come to AADAC, those who might have a problem with gambling. A positive score on the screen does not necessarily indicate a problem, but does indicate the need for further screening/assessment of gambling behaviour, i.e., the South Oaks Gambling Screen (SOGS).

The South Oaks Gambling Screen

AADAC (Alberta Alcohol and Drug Abuse Commission)
2nd Floor Pacific Plaza Building, 10909 Jasper Ave
Edmonton, Alberta, T5J 3M9

The 16-item South Oaks Gambling Screen (SOGS) was developed in the late 1980s. It is based on the criteria for pathological gambling from the DSM-III-R (which have since been revised in the DSM-IV). As such, it provides a scientifically validated means of identifying problem gamblers.

Gamblers Anonymous Screen

Gamblers Anonymous Information Service Office
P.O. Box 17173
Los Angeles, California, 90017

Gamblers Anonymous has twenty questions which it asks new members. The screening tool has not been tested empirically, but can be useful as a motivational tool. This screen is self-administered.

Diagnostic & Statistical Manual Screen

American Psychiatric Association

1400 K Street, N.W.

Washington, DC. 2005

DSM-IV criteria are published for use by the psychiatric and medical community. Therefore, the criteria reflect a disease model of pathological gambling. These criteria are research-based and provide a valid screen for problem gambling. They are not as likely as other screening measures to result in false positive or negative results.

The DSM-IV criteria should be considered when the client's situation involves legal or medical concerns, i.e., when the validity and reliability of an instrument may be called into question.

Suicide Screening

Gamblers may be at high risk for suicide when they seek treatment, particularly if they are in financial crisis. The Suicide Risk Screen is designed to assess the risk of suicide. It explores various areas that have been found to indicate suicide risk; current plan, perceived resources, and previous history. (See Module 7, Substance Abuse and Mental Health.)

Screening for Substance Abuse

Clients in treatment for problem gambling should be screened for substance abuse. Substance abuse (like problem gambling) exists on a continuum, ranging from problem use to dependence. Indicators of substance abuse include the following:

Excessive Alcohol Consumption

Examination of consumption patterns indicates high levels of use and frequency. Common use patterns include bingeing, daily drinking, heavy weekend drinking.

Effects on Life Areas

Consequences of using too much are evident in various life areas, i.e., missing work, alienating family/friends, physical health problems, impaired driving.

Physical Dependence

During the periods of not using, the individual feels anxious, nauseated, weak and may have difficulty sleeping. More serious withdrawal symptoms include tremors, confusion, agitation, hallucinations and seizures, depending on the substance being abused.

Increased Tolerance

Over time, more of the substance is required to produce an effect. The individual is able to function at increasingly higher levels of use.

Psychological Craving

Craving is the overwhelming need for the drug of choice and may range from simply wanting it to feel good, to using the substance to relieve the physical and emotional effects of withdrawal.

Loss of Control

Not being able to use the substance according to intent or to control use is an important component of dependence. The user becomes increasingly less able to restrict consumption to socially acceptable situations and standards. There are three types of loss of control: loss of control over the quantity of substance used, loss of control over the frequency of use, and loss of control over behaviour.

Other Warning Signs

- Needing the substance to cope with day-to-day events. That could mean using to calm nerves, forget worries or overcome depression.
- Using during a crisis.
- Using alone.
- Keeping the substance a secret. Feeling uncomfortable when asked about using habits. Lying about the amount consumed.
- Becoming intoxicated regularly.
- Losing appetite. Using the substance instead of eating.
- Sustaining injuries or injuring someone else while intoxicated.
- Experiencing medical, social or financial problems as a result of substance use.
- Feeling irritable, uncomfortable or unwell during periods of not using.

The following tools are useful in screening for alcohol and drug problems. Screening tools can be ordered from the address provided

Alcohol Dependence Scale (ADS)

*AADAC (Alberta Alcohol and Drug Abuse Commission)
2nd Floor, Pacific Plaza Building, 10909 Jasper Ave.
Edmonton, Alberta, T5J 3M9*

The ADS is a 25-item questionnaire that measures the extent to which the use of alcohol has progressed from psychological involvement to impaired control. It provides a quick index of alcohol abuse problems. The ADS is based on the concept of alcohol dependence syndrome.

The ADS may be given in either a self-administered or an interview format. It takes about ten minutes to complete.

Drug Abuse Screening Test (DAST)

*AADAC (Alberta Alcohol and Drug Abuse Commission)
2nd Floor, Pacific Plaza Building, 10909 Jasper Ave.
Edmonton, Alberta, T5J 3M9*

The 20-item DAST provides a quick index of drug abuse problems. It identifies the presence and severity of a drug problem. The DAST may be used for clinical screening and treatment evaluation. The DAST may be given in either a self-administered or an interview format.

Screening for Financial Crisis

Extreme financial distress is a common feature of problem gambling. In fact, financial crisis is the most common reason why problem gamblers seek help. Be sure to screen all clients for financial crisis.

Financial Screening Tool: CAPE

A quick screen for the presence and severity of financial pressures is the 4-item CAPE. This tool was developed by AADAC.

The CAPE is administered in an interview format. Ask the client the following four questions, with further questions to gain a complete understanding of their current financial status:

1. Are you concerned about your financial situation?
2. Are you more than two months in arrears in any of your payments?
3. Are any creditors pressuring you for payment?
4. Are there more bills than money at the end of the month?

A word of caution is that an indication of a financial crisis is not an indication of a gambling problem. Questions are not gambling specific.

Assessment

To understand the complexity of problem gambling as it relates to a client, various factors must be considered. A thorough, comprehensive and accurate assessment includes an examination of the following areas:

1. The gambling behaviour (pattern, type, frequency, duration, feelings, triggers);
2. Major life areas;
3. Contributing factors;
4. Other addictive behaviours, i.e., substance abuse.

Some additional questions you may want to consider are in the process of assessment:

- Developmentally, what are the normal expectations for this client (education, appearance, living arrangements, relationships, etc.)?
- What maladaptive behaviours or style of thinking are evident (anger at being kept waiting for an appointment, compulsive behaviour in session)?
- What skills does the client need to learn (at both the conscious and subconscious level)?
- What identity does the client have, how does he or she come across?
- What personality strengths does the client possess?
- What support network has the client established?
- Is the client doing to him/herself what was done to them as a child?
- Is the client allowing others to do to them what was done to them as a child?
- Is the gambler doing to someone else what was done to them as a child?

As information from the screening and assessment interview is gathered, it may be recorded on the *Screening/Assessment Results* worksheet (next page). This worksheet can be shared with the client. Brief explanations about the purpose of the screening tools can be given to the client. Problem gamblers are often quite interested in the background of the screens and may ask questions about their use.

Screening/Assessment Results Worksheet

GA 20 Questions	1	-----	20
DSM-IV Criteria	1	-----	10
SOGS	1	-----	20
Client Perception	1	-----	10

Gambling Pattern _____

Type (VLT, Bingo, etc.) _____

Frequency (How Often) _____

Duration (How Long Does It Last) _____

Previous attempts to control their gambling _____

Feelings Before, During (Relief, Action) _____

Triggers _____

ASSESSMENT OF MAJOR LIFE AREAS:

	MINIMUM IMPACT	SEVERE IMPACT
Medical	1	----- 10
Financial	1	----- 10
Employment/Support	1	----- 10
Alcohol/Drug Use	1	----- 10
Legal Status	1	----- 10
Family/Social	1	----- 10
Psychological	1	----- 10
Leisure	1	----- 10

Motivation for Change _____

Contributing Factors _____

Other Addictive Behaviour _____

Section 5:

Planning Client Treatment

Treatment Planning Considerations

Treatment planning is a critical component of working with problem gamblers. Screening and assessment provide the information needed to develop a sound treatment plan. However, the effectiveness of the plan depends on regular review and modification. Treatment itself actually begins during the assessment phase. Sometimes people are able to make significant changes in their behaviour on the basis of assessment alone.

Developing an individualized treatment plan is critical. A good treatment plan offers clients well-reasoned, clear goals that enhance their possibility of success. An effective treatment plan is flexible and accommodates the client's ability to, and potential for, change. Because change takes time, treatment planning involves setting both short-term and long-term goals.

Flexibility is required to make these tools work for the individual client. Short-term goals may be one month for some clients, three months for others. With some clients, long-term goals may be three months, for others it may mean a year or five years. Ask the client directly what time frames are realistic.

At the beginning of treatment, short-term goals are the focus. Certainly, long-term goals can be discussed and planned for, but the importance of setting realistic, attainable short-term goals cannot be over-emphasized. Many problem gamblers have had a history of feeling like failures and need to feel successful in order to maintain the change momentum.

Treatment Planning Questions

The following questions can serve as a guide to the treatment planning process:

1. What problem is the gambler trying to solve by gambling?
2. What level of functioning is evident in terms of self-esteem?
3. What score did the client receive on the SOGS?

4. Do there appear to be unresolved grief issues? What are they related to?
5. What additional assessment tools would you use to aid in your assessment?
6. What significant stressors is the client dealing with?
7. Does the treatment plan address legal, financial, occupational, family, medical and psychological issues?

Treatment Goals

Matching Considerations

Matching the type and intensity of treatment to the client is also important. As with most other addiction problems, the principle of least intrusive therapy also applies to problem gambling. This means applying a sufficient level of treatment to meet the treatment goals—not too much and not too little.

A single approach, e.g. behavioral contracting, may be appropriate for a mild gambling problem. Severe problems may require multi-dimensional approaches, such as an out patient treatment program and intensive individual counselling combined with support group and Gamblers Anonymous attendance.

Abstinence Versus Controlled Gambling Goals

As with the treatment of alcohol dependency, significant controversy exists regarding the issues of controlled gambling and total abstinence from gambling. A client will often insist they want to continue to gamble, but in a "controlled" manner (e.g. limits on amount spent, games played, etc.).

Request clients to remain abstinent from all forms of gambling, and the use of alcohol and other substances (unless for medical reasons) for the duration of the program. This may prevent them from switching addictive behaviours, allow for accurate assessment, and allow clients to carefully examine their personal lives. If a client should still want a "controlled gambling" program after completion of this program, you may choose to refer them to a program that will respond to their request. The counsellor must be prepared to discuss this issue throughout the program, as it tends to be a recurring issue for some clients. Clients tend to see their problem only in terms of their method of gambling and not a pervasive problem of all types of gambling. Therefore the concept of total abstinence is not always readily acceptable.

Contracting with the client to achieve short-term goals may be helpful.

This strategy involves:

1. A clearly identified task to be completed.
2. A description of how it will be completed.
3. Criteria of how well it will be completed.
4. A date for completion.
5. The reward for completion or consequence for non-completion.

The following are some examples of short-term and long-term goals for clients.

Work to help the client:

- stop gambling;
- develop new problem solving styles;
- increase self-esteem by setting short term, attainable goals;
- develop relaxation skills to reduce impulsiveness;
- develop a realistic financial restitution plan (must be long-term, i.e., 10 years, must account for all debt, must look at positive aspects);

- find alternative sources of pleasure and excitement;
- learn to develop and enjoy friendships that result in intimacy and a sense of belonging;
- address unresolved grief;
- accept confrontation without interpreting it as rejection;
- accept emotions or feelings as a guide rather than as something to be avoided;
- focus on the development of pride as a result of struggling with life, rather than interpreting struggle and failure as proof of personal inadequacy;
- engage in family therapy to repair damage from the gambler's dishonesty and neglect;
- participate in follow-up treatment and support groups, such as Gamblers Anonymous;
- establish a satisfying work identity;
- develop patterns of leisure and recreation that improve self-concept and renew energy;
- address irrational beliefs and negative thought patterns.

A treatment planning worksheet is provided. (See next page.) This can be completed by the client and reviewed with the counsellor.

Treatment Planning Worksheet

Area of Life	Specific Short Term Goals	Obstacles to Achieving this Goal	Steps to Achieving this Goal
Physical			
Social			
Leisure			
Career/Intellectual			
Emotional			
Spiritual			
Personal Growth			
Financial			
Legal			

Supplementary Information

The following resources are recommended reading:

- Blaszczynski, A. & Silove, D. (1995). Cognitive and behavioral therapies for pathological gambling. *Journal of Gambling Studies*, 11(2), 195-220.
- Cummings, T. & Gambino, B. (1992). Perceptions by treatment staff of critical tasks in the treatment of the compulsive gambler. *Journal of Gambling Studies*, 8(2), 181-199.
- Ladouceur, R., Boisvert, J.M. & Dumont, J. (1994). Cognitive-behavioral treatment for adolescent pathological gamblers. *Behavior Modification*, 18(2), 230-242.
- Legg England, S. & Gotestam, K. (1991). The nature and treatment of excessive gambling. *Acta Psychiatrica Scandinavica*, 84, 113-120.
- Prochaska, J. & DiClemente, C. (1992). Stages of change in the modification of problem behaviors. *Progress in Behavior Modification*, 28, 183-218.
- Rollnick, S. & Bell, A. (1991). Brief motivational interviewing for use by the nonspecialist. In: Miller, W.R. & Rollnick, S., *Motivational Interviewing: Preparing People to Change Addictive Behavior*, (pp. 203-213). New York, NY: Guilford Press.
- Waltman, D. (1995). Key ingredients to effective addictions treatment. *Journal of Substance Abuse Treatment*, 12(6), 429-439.

Module 1

Introduction to the Program

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Module 1

Introduction to the Program

Overview

In this session, participants begin to normalize the problems they are experiencing with their gambling. Participants recognize that they are not alone, that their problems are not unique, and that help is available.

The first session is designed to provide an overview of the *Intensive Treatment Program for Problem Gamblers* and to introduce program staff and participants. Through presentations and discussions, participants learn more about problem gambling and may begin to process some of the ambivalence they may be experiencing about their gambling. At the end of the session, participants are provided with the opportunity to make an explicit commitment to continue in the program.

Objectives

After completing this module, clients in the *Intensive Treatment Program for Problem Gamblers* will:

- understand the purpose and structure of the program;
- discuss the similarities and differences between gambling and gaming;
- make a decision regarding whether they will continue in the program.

Time

3 hours

Strategy

Introductions

Introduce yourself and describe your position and background.

Acknowledge commonalities among participants, e.g. all have been experiencing problems with gambling, all have received screening or assessment, and so forth. You may want to use the *Background Information Sheet (WORKSHEET 1.1)* for this purpose.

Have participants introduce themselves and briefly explain why they are here and what their expectations are for this program. List expectations on a flipchart.

Program Description

Develop and distribute the **Information Package**¹. Review the program outline and topics, as well as schedules.

Explain how the program is delivered. Note that because the *Intensive Treatment Program for Problem Gamblers* is an individualized program, participants may not be together as a group for all modules and the time spent in the program may vary from person to person, depending on individual client needs. Also, in the generic skill-building modules (e.g. Modules A-H), participants may be in group with clients who are experiencing problems with alcohol or other drugs.

Program Expectations

Describe expectations relating to confidentiality, attendance, and so forth.

Explain that "recovery" is a 24-hour a day, 7-day a week program, even though attendance at the agency may be only occasional. Being responsible as a parent, spouse or employee is also part of recovery. To illustrate, provide examples such as the following:

- attending children's activities,
- being home for meals,
- staying on the job.

Homework and goals can be established around these areas and reviewed with participants throughout the program.

Gambling and Gaming

Define what is meant by gambling and gaming. Give examples of each.

Discuss the similarities and differences between gaming and gambling.

If possible, help participants attain the following insight: the more that people consider gambling as a game, the more they attempt to develop skills in order to win, and the more problems they may encounter.

You may also want to review and discuss the similarities and differences between the various types of gambling. This often leads to a discussion regarding abstinence from all types of gambling.

Commitment

Discuss the importance of staying in treatment beyond the crisis.

Ask for commitment. Distribute the *Participant Agreement Form (WORKSHEET 1.3)* and ask participants to return it before the next session.

¹ The Information Package consists of a program outline, module topics, and a schedule. Because the structure of the *Intensive Treatment Program for Problem Gamblers* is tailored to the needs and resources of the agency, the contents of this information package will vary among organizations.

Background Information

Gambling and Gaming

GAMBLING: The act of risking money, property or something of value on an activity with an uncertain outcome.

GAMING: To engage in a form of play or sport, usually a competitive game played according to rules and decided by skill, strength, or luck.

Types of Gambling Activities

We live in an environment where there seems to be an ever increasing number of types of gambling being designed. Some of the gambling activities presently available are described below.

Lotteries

Lotteries are schemes where prizes are distributed to players who have paid for the chance to win. A lottery involves three essential elements: 1) purchase of a ticket, whether through cash, participation in an event, or purchase of an item; 2) chance; and 3) a prize.

Lotteries give players the chance to win large prizes with small amounts of money. The cost is (usually) low and little knowledge is required to play. There are many different forms of lotteries, including lotteries run by charities and governments.

Lotteries have been held for centuries in North America. Today, lotteries are a common source of funds for charities. Charity funding can be from lottery enterprises run by the charity itself or from government-run lotteries. Some lotteries currently running in Alberta are Lotto 649, Pogo, Super 7, and Pick 3.

Raffle Tickets

Raffles are also a form of lottery. Basically, coupons or tickets are sold with numbers that may be called later.

Instant Tickets

Another lottery form is instant or "scratch" tickets. Players learn immediately, upon revealing the numbers or symbols on the ticket, whether they are winners. Some instant lotteries currently running are Cash Wave, Birthstones, Cash Crop, Penalty Stop, Instant Lotto, Kooky Toque, and Prairie Instant.

Pull Tabs

Pull tabs (also known as break-opens or Nevada tickets) are a type of instant lottery. In this form of gambling, a player purchases a ticket which contains a concealed prize. The two parts of the ticket are separated to show whether the player has won. This game is often sold in Canadian Legions.

Bingo

Bingo is played using a card containing 25 boxes in 5 by 5 columns. The boxes are numbered 1 through 75. Each card holds a different combination of numbers. Numbers are drawn from a cage or bowl and called out. Players cover or mark the called numbers on their cards. The winner is the first player to get 5 numbers in a vertical, horizontal or diagonal row, or any other pattern decided upon by the number caller, e.g. the "four corners" or "full card."

A bingo night typically consists of 50 regular games and additional games of higher prize value. Players buy a set of cards for regular games and then purchase cards for the additional games as they choose.

Bingo is an organized game which, for many, is a social event. Bingo halls are common in larger towns and cities and bingo events are often held in community or church halls. In addition, "instant win" bingo cards are available where lottery tickets are sold.

Coin Slot Machines

Slot machines are mechanical devices which operate when a coin or token is inserted. The "one-armed bandit" contains 3 to 10 wheels, each with numbers or symbols such as animals, fruit, or dice. The player must get a row of identical numbers or symbols to win.

Horse Racing

In the past, horse racing was the most well-known form of betting. Prize amounts depend on odds which are determined by how bettors' money favours the horses. Odds can change right up to post time and even after the race, when the totalizer determines the odds in pari-mutuel betting. Knowledge of the horse, the jockey and racing conditions can help bettors increase their chances of winning.

The industry has combatted a declining gambling market by introducing off-track telephone account betting and televised races from other tracks. With these changes, gamblers can bet on both live and televised races.

Numbers

Numbers is an illegal form of gambling. The simplest form of numbers involves betting money on any three numbers the bettor chooses. Winning numbers are determined from some unbiased source such as the last three digits of the final sum of daily trades on a stock exchange or the number of people attending some sporting event. About 25% of money collected goes back to the winners.

Speculative Investments

Playing the stock market, buying futures, or buying and selling real estate are included in this category.

Sports Betting

Gambling on the outcome of sporting events may be done by betting with friends or acquaintances or through formal sports pools sponsored by charities.

In Alberta, it is illegal to bet with a bookie. However, Sports Select tickets are available for football, baseball, basketball and hockey. In this form of gambling, the bettor guesses which teams will win a series of games.

Games of Skill

In this form of gambling, individuals bet on a player's ability to win at games of skill such as golf, darts, or billiards.

Card Games

Betting on card games can occur in many settings, ranging from small family games to poker nights to card games played in casinos. Common card games involved in gambling include poker, blackjack, bridge, rummy, and euchre.

Casinos

Casinos have become increasingly popular in Alberta since the first one opened in 1980. Games played in casinos include blackjack, baccarat, roulette, sicbo, wheel of fortune, and red dog. Trips to out-of-province casinos (e.g. Las Vegas, Reno) have been common for years. It has been estimated that 10% of Albertans travel to Nevada to gamble and 7% of Albertans attend Alberta casinos.

Video Lottery Terminals (VLTs)

A VLT is a computerized slot machine. The terminal is activated by inserting coins, then the player touches the screen to play. Games include blackjack, poker, and Real Fruit, a computerized version of the slot machine game of lining up fruit. Bets of 25 cents to \$2.50 can be made and the maximum prize is \$1,000.

VLTs were approved in 1993 and, therefore, are a relatively new form of gambling in Alberta. Terminals cost \$5,000 to \$6,000 each. They are located in bars or taverns. VLTs are linked to a central computer at Alberta Lotteries.

Client Materials

The following worksheets may be helpful in this section:

- 1.1 Background Information Sheet.
- 1.2 Participant Agreement Form

Supplementary Information

The following articles are recommended reading:

- AADAC. (1995). *A Description of Problem Gamblers in Alberta: Summary of Main Findings*. Edmonton, AB.
 - AADAC. (1995). *Female Problem Gamblers in Alberta*. Edmonton, AB.
 - Alberta Lotteries and Gaming. (1994). *Gambling and Problem Gambling in Alberta*. Summary report prepared by Wynne Resources Ltd. Edmonton, AB.
 - Bland, R.C., Newman, S.C., Orn, H. & Stebelsky, G. (1993). *Epidemiology of pathological gambling in Edmonton*. Canadian Journal of Psychiatry, 38(2), 108-112.
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Worksheets



Background Information Sheet (BIS)

Facilitator Instructions

The Background Information Sheet can be used to introduce participants to the group. There are two ways it can be used:

Method 1

- Provide participants with the Background Information Sheet (BIS).
- Ask participants to complete the BIS immediately and place it on a desk/table in the room.
- Ask participants to not put their name on the BIS.

Method 2

- Place the BIS on an accessible wall in the room.
- Ask the participants to go to the BIS and check off the appropriate items about themselves.

Presenting Results to the Group

- The facilitator tabulates the marks onto a BIS overhead.
- The facilitator presents the collective numbers to the group to indicate the similarities and differences among the participants. Emphasize how the similarities, differences and variety of participants can assist in expanding the group's knowledge about gambling and how to support each other in recovery.
- The facilitator then destroys the individually completed Background Information Sheets.

Background Information Sheet

Please do **NOT** put your name on this paper. Please check the appropriate items.

Age

18-20 ___ 21-30 ___ 31-40 ___

41-50 ___ 51-60 ___ 61-70 ___

71+ ___

Type of work:

- ☐ Professional/Management
- ☐ Farming
- ☐ Sales/Service
- ☐ Student
- ☐ Manufacturing/Construction
- ☐ Clerical
- ☐ Transportation
- ☐ Fish/Forest/Mine
- ☐ Transportation/Equipment Operator
- ☐ Homemaker
- ☐ Other

Marital status:

- ☐ Married
- ☐ Single
- ☐ Cohabiting
- ☐ Widowed
- ☐ Separated
- ☐ Divorced

Employment status:

- ☐ Employed Full-time
- ☐ Employed Part-time
- ☐ Retired
- ☐ Disability
- ☐ Other

Referred by:

- ☐ Self
- ☐ School
- ☐ Employer
- ☐ Hospital
- ☐ Physician
- ☐ Social Services
- ☐ Probation
- ☐ Lawyer
- ☐ Friend
- ☐ Relative
- ☐ G.A.
- ☐ Other

Types of gambling in the last 12 months:

- ☐ Bingo
- ☐ Lotteries
- ☐ VLT
- ☐ Horse Racing/Track
- ☐ Sports Betting
- ☐ Card Games
- ☐ Games of Skill for Money
- ☐ Other

Use of substances in the last 12 months:

- ☐ Alcohol
- ☐ Medications
- ☐ Street Drugs

In the last 12 months, have you had thoughts of suicide?

- ☐ Once
- ☐ 2-5 times
- ☐ More than 5 times

In the last 12 months, have you ever attempted suicide?

- ☐ Once
- ☐ 2-5 times
- ☐ More than 5 times

Intensive Treatment Program for Problem Gamblers

PARTICIPANT AGREEMENT

The *Intensive Treatment Program for Problem Gamblers* consists of both presentations and participation in a support group. In the presentations, you will learn skills to help you to stop gambling and successfully develop an abstinent lifestyle. In the support group, you will learn about yourself and your relationships by sharing about yourself and by giving and receiving feedback with other group members.

As a member of the *Intensive Treatment Program For Problem Gamblers*

I, _____ hereby agree to the following:

1. To be on time for presentations and group meetings.
2. To honestly share my thoughts, feelings and experiences in group.
3. To be respectful toward my fellow group members.
4. To keep information about the group and group members confidential.
5. To avoid using alcohol and all mood altering drugs for the duration of the program.
6. To maintain abstinence from gambling for the duration of the program.
7. To be observed for the purpose of training and supervision.
8. To attend all presentations and group meetings I have chosen or been assigned to during the program.

SIGNATURE

DATE

WITNESS



Module 2

What Is Problem Gambling?

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Module 2

What is Problem Gambling?

Overview

An important part of treatment involves helping clients put their experience into context in order to develop a complete picture of their gambling behaviour and how it has affected their lives. This process takes time. It begins in this session as participants explore the nature of problem gambling and begin to relate this information to their own experience.

As clients proceed through the treatment program, they will begin to perceive their gambling and its effects more realistically and accurately. They will gain insights about themselves and recognize the role that gambling has played in their lives.

Objectives

After completing this module, clients in the *Intensive Treatment Program for Problem Gamblers* will:

- identify the characteristics and patterns of problem gambling;
- describe common stages in the development of problem gambling and apply these stages to their own experience;
- describe how gambling can become an addictive behaviour;
- begin a self-assessment which examines how negative thinking leads to gambling behaviour and contributes to problem gambling;
- begin the personalized treatment plan.

Time

3 hours

Strategy

The Nature of Problem Gambling

Discuss how gambling exists on a continuum, ranging from no involvement to compulsive or pathological gambling. Review the characteristics of problem gamblers. You may find the following worksheets to be helpful in this section: *Problem Gambling Characteristics*, *Gamblers Anonymous 20 Questions and Diagnostic Criteria DSM-IV - Pathological Gambling* (WORKSHEETS 2.1 to 2.3).

Encourage participants to consider their own gambling behaviour in terms of these characteristics. Use motivational interviewing techniques, accept clients as they are, and do *not* attempt to persuade them to admit to these characteristics.

Progression of Problem Gambling

Review Custer's stages of progression and recovery using the worksheet *A Chart of Compulsive Gambling and Recovery* (WORKSHEET 2.4). Discuss the extent to which participants have experienced these stages. This "V-chart" may be useful for helping participants identify where they feel they are currently situated.

You may wish to use the second half of the "V-chart" to look at recovery. This may provide a more positive and hopeful context for the participants. You may also present the worksheet *Signs of Recovery from Problem Gambling* (WORKSHEET 2.5).

Video

You may wish to show the video "Hooked! A Gambler's Nightmare: How Gambling Abuse Affects the Family" (15 minutes). Available from:

AADAC, 2nd Floor Pacific Plaza Building, 10909 Jasper Avenue, Edmonton, Alberta T5J 3M9

and produced by AADAC and Loose Change Film Assoc., 1996. This video shows the effects of gambling on a family. It gives a good background and provides an emotional connection to family issues. The video is available through local AADAC offices.

The Addictive Process

Compare problem gambling with problem drinking, noting the similarities. Also discuss the nature of "action" and explain how obtaining this feeling is an integral part of the addictive process for problem gamblers.

Behavioral Approach

Emphasize the importance of recognizing problem gambling as a behaviour. Problem gamblers often minimize the extent of their problem and fail to look at losing and other negative consequences. Seeing the problem accurately and realistically is an important part of the treatment process.

In the early stages of the treatment process, you may wish to encourage participants to focus on their gambling behaviour, urges, and the situations in which they occur. Discourage functional analysis of the "why" of gambling at this time, since this process may be premature and result in resistance, excuses and blaming. Encourage participants to observe their gambling thoughts and behaviours. This is the first step in the cognitive restructuring process used in this program.

In this module, we want participants to begin analyzing their urges to gamble and the thoughts that lead to these urges. Therefore, this module is closely linked to Module 6: Negative and Irrational Thinking. This cognitive restructuring approach should be used throughout the entire treatment program.

Self-monitoring of gambling behaviour and urges to gamble can play an important role in helping clients perceive their problem more realistically. Clients often make significant changes in their behaviour based on self-monitoring alone. You may want to have participants use the *Weekly Gambling Log*, *Journal*, and/or *Gambling Craving Scale* (WORKSHEETS 2.6 to 2.8) to monitor their behaviour.

How to Use Worksheets

Keep a constant supply of these worksheets on hand for participants daily use throughout the program. Review these worksheets the following day.

Gambling Log

This worksheet is useful should a client gamble. A thorough review, analysis and reflection of the gambling behaviour may prevent a future gambling episode.

Journal

Thoughts on paper are not likely to be lost as soon as thoughts stored in the mind. A daily journal may assist the client in seeing progress and recall feelings, emotions, thoughts, and experiences. Depending on interest and skill, some clients find keeping a journal very difficult and may need encouragement from the facilitator and other clients.

Gambling Craving Scale

This worksheet allows the participant to critically reflect on the desire to gamble. Ask participants to complete one each day.

Treatment Planning

Treatment planning is a critical component of working with problem gamblers. Screening and assessment provide the information needed to develop a sound treatment plan. However, the effectiveness of the plan depends on regular review and modification. Treatment itself actually begins during the assessment phase. Sometimes people are able to make significant changes in their behaviour on the basis of assessment alone.

Developing an individualized treatment plan is vitally important. A good treatment plan offers the client well reasoned, clear goals that enhance their potential for success. An effective treatment plan is flexible and accommodates the client's ability to change. Change takes time; because of this treatment planning involves setting both short-term and long-term goals. Short-term goals may be one month for some clients, three months for others. Again, flexibility is required to make these tools work for

the individual. With some clients, long-term goals may be three months, for others it may mean a year or five years. Ask the client directly what time frames are realistic.

Based on the assessment results, clients can be encouraged to prioritize the problem areas and set realistic goals for themselves. The treatment planning forms included can assist with this process. At this stage, short-term goals are the focus. Long-term goals can be discussed and planned for, but the importance of setting realistic, attainable goals cannot be over emphasized. Gamblers have had a history of feeling like failures and need to feel successful in order to maintain momentum for change.

Working Through the Treatment Plan

Clients can bring their worksheets to each session. Constant review by the client and counsellor is essential as needs may change and new skills are developed to resolve problems.

Monitor whether the client has contracted to make some changes in any of the life areas. Praise and encouragement should be offered when change has occurred. New strategies should be discussed if the client seems "stuck."

Different forms can help meet the needs of different counsellors and clients. The forms help in organizing information and communicating it to the client. Clients can take a copy of their treatment plan with them so they can monitor their own progress.

Goals need to be measurable, so encourage clients to make behavioral goals.

Background Information

Patterns and characteristics of Problem Gambling

For many people, gambling is something they do occasionally, as a form of entertainment. They may buy a lottery ticket, bet a few dollars on a horse, or drop a loonie into a machine. When the draw or the game is over, they go on to other non-gambling activities.

However, for some people, gambling becomes a problem, and the problem can range from minor to quite serious. It can be as simple as gambling a little more often than intended, or spending a little more money than intended maybe making it hard to pay the utility bill or meet a car payment some month.

Or it can be more serious. It may mean spending a lot more time and money than can be afforded. It may result in noticeable negative effects in various areas of life, such as excessive debt, relationship problems, and even illegal activity.

Gambling behaviour can be considered on a continuum ranging from no involvement to pathological, as shown below:

- no involvement
- casual social gambling
- serious social gambling
- harmful involvement
- pathological gambling

Certain terms are often used when discussing gambling activities that result in moderate to severe problems. Problem, compulsive, and pathological gambling are some of these terms.

Problem Gambling

A term used by many lay and professional people to describe a wide range of harmful consequences associated with gambling behaviours. It includes compulsive and pathological gambling.

Compulsive Gambling

A common term used by lay people and by Gamblers Anonymous. "Compulsive" implies a loss of control and that the individual is engaged in an activity that is not enjoyable.

Note: In recognition that gambling can be a pleasurable activity (even for those who gamble compulsively), the term "pathological gambling" is considered more accurate.

Pathological Gambling

Originally used by the medical and psychiatric community, this term describes a chronic and progressive failure to resist impulses to gamble. It refers to gambling behaviour that compromises, disrupts, or damages personal, family or vocational pursuits (DSM-IV).

Problem Gambling Characteristics

Spends large amounts of time gambling. This allows little time for family, friends or hobbies.

Begins to place larger, more frequent bets. Larger bets are necessary to get the same level of excitement.

"Chases" losses. Returns to gambling soon after a loss to try to recover the loss.

Watches debts grow. People with a gambling problem are secretive or defensive about money, and may borrow money from family members or friends.

Plns hopes on the "big win." The problem gambler believes the big win, rather than changing the gambling behaviour, will solve financial or other problems.

Promises to cut back on gambling but doesn't. A problem gambler is unable to reduce or stop gambling.

Refuses to explain behaviour, or lies about it.

A person with a gambling problem may be away from home or work for long periods of time, or may make an unusually high number of personal telephone calls.

Feels frequent highs and lows. If unable to gamble, the problem gambler misses the thrill of the action and may be bad-tempered, withdrawn, depressed or restless. During a winning streak, the gambler is on a high.

Boasts about winning. A person with a gambling problem loves to relive a win, but will make light of losses when others express their concern. Wins and losses may also be kept a secret.

Prefers gambling to special family occasions. The problem gambler may arrive late or miss family events such as birthdays, school activities and other family gatherings.

Seeks new places to gamble close to home and away. The problem gambler may insist that evenings out, or even family vacations, be at places where gambling is available.

"Spaces out" while gambling. Achieving a dissociative state during gambling is characteristic of problem gamblers.

Effects of Problem Gambling

Problem gambling can affect all areas of life:

- legal
- financial
- vocational
- social/leisure
- physical health
- family relationships
- emotional health
- spiritual well being

Types of Problem Gamblers

Gamblers are frequently categorized into "types" and "subtypes." Although this may be useful, the counsellor must be aware that these categories may not be readily identifiable. As well, some of the research that has identified these "types" and "subtypes" did not always include a cross section of male and females. Much of the earlier research was done with males only. Two types of gamblers are:

"Relief-and-Escape" Gambler

These gamblers have a binge aspect to their gambling. They use gambling as a way of dealing with negative emotions.

Compulsive Gambler

This type of gambler has little tolerance for losing, is mentally preoccupied with gambling, and disregards its negative consequences. There is a progression of gambling behaviour, as well as progressively severe negative effects associated with gambling.

Another useful typology for classifying problem gamblers is the Recurring Depressed Gambler and the Chronically Understimulated Gambler. These subtypes are described below:

Recurring Depressed Gambler

- chronic depression may precede their gambling;
- history of significant life trauma;
- self-blaming to an excessive degree;
- feels better when gambling;
- high stimulus gambling environment leads to escape from unpleasant emotions and realities;
- when the reality of the gambling losses is experienced, the need to return to gambling is intensified to control the depressive feelings (by an optimistic escape into action).

Chronically Understimulated Gambler

- strong need for almost constant excitement;
- poorly defined value system;
- gregarious and quite narcissistic;
- impulse control poor, even when compared to other gamblers;
- poor control in many areas of life;
- hyperactivity, low frustration tolerance and a constant search for arousal are key elements;
- gambling, because of its high arousal level and variety of options, leaves other activities looking boring in comparison.

Progression of Problem Gambling

The development of problem gambling has certain similarities to problem drinking and alcohol dependence. One of these similarities is that the behaviours can become progressively more extreme and the consequences progressively more severe. However, the rate of progression may depend on the individual and the type of gambling engaged in. For example, the electronic VLT type of gambling seems to progress more quickly than other types of gambling.

Custer (Journal of Clinical Psychiatry 45 (12, Sec. 2) (1984) has identified three phases through which problem gambling tends to progress. Note that these are perceived "phases," not reality. Gambling is always at random or chance so there is no reason to believe that there is a winning phase before the losing phase. Change or recovery can begin at any stage. Problem gamblers do not need to go through all three stages before change can occur. Change can be initiated anywhere in the "progression." Problem gambling does not have to run its course.

The Winning Phase

In this initial stage, the financial rewards or the internal escape received as a result of gambling behaviour provide sufficient motivation for the behaviour to continue.

The Losing Phase

During this stage, losses begin to accumulate. "Chasing" emerges and gambling behaviour becomes more out of control. This phase often lasts for years. In spite of the incredible betting, borrowing, juggling and repaying, the gambler somehow manages to stay afloat.

The Desperation Phase

At this final stage, the problem gambler is overwhelmed. Extreme emotional and even physical distress is apparent, as well as severe family and financial problems. Criminal behaviour may occur and often legal consequences ensue. Ironically, the desperation phase often begins with a bail-out, in which a substantial amount of money is received to get the gambler out of debt and/or trouble.

Another identified phase—the *Giving-Up Phase*—is where attempts to maintain control or manage life responsibilities are abandoned.

Problem Gambling and Addictive Behaviour

There are several similarities between problem gambling and problem drinking (although alcohol is used in the following discussion, the same is true of any psychoactive substance that results in dependence or addiction):

Both Exist on a Continuum

Problem drinking, like problem gambling, can be considered on a continuum. At its most extreme, problem drinking is alcoholism or alcohol dependence syndrome. However, at less severe stages, problem drinking involves drinking too much and having problems as a result.

Both Are Complex Conditions

Physical, social and psychological components are involved in problem drinking and problem gambling. Although drinking alcohol is the most obvious part of problem drinking, simply removing alcohol is not a cure. Similarly, resolving the problems associated with problem gambling involves more than not gambling.

Both Involve Increased Tolerance

As problem drinking progresses, more alcohol is required to produce the same effect. Similarly, as problem gambling progresses, the gambler must bet increasingly larger amounts of money.

Both Involve Mental Preoccupation

Problem drinkers spend a lot of time thinking about drinking, e.g. when they can get their next drink, whether they have enough alcohol at home, etc. Similarly, problem gamblers think a lot about gambling, e.g. the last win/loss, when they can gamble again, how much they will bet, what will happen when the "big win" arrives, etc.

Both Involve Loss of Control

The inability to drink according to intent is an important component of alcoholism. Similarly, an important part of problem gambling is not being able to stick to a pre-determined limit.

Both Can Result in Withdrawal Symptoms

In alcohol dependence, not drinking causes the blood alcohol level to drop which results in symptoms such as anxiety, sleeping difficulties, nausea, weakness, confusion and agitation. Although not so extreme, problem gamblers often become restless and irritable when unable to gamble. Both problem gamblers and problem drinkers may engage in the behaviour to avoid and/or relieve withdrawal symptoms.

Both Involve Problems

Problem gamblers and problem drinkers often neglect their social or occupational responsibilities. The result is family conflict, job problems, legal difficulties, etc.

Both Have Been Recognized As Illnesses

Although debate continues whether these are truly illnesses or diseases, there is agreement that both are conditions requiring treatment. The medical and psychiatric community recognized alcoholism as a disease in the 1950s and pathological gambling in the 1980s.

Action—"Hooked on a Feeling"

Unlike dependence on alcohol or drugs, problem gambling does not involve a physical substance. Rather, problem gamblers become addicted to, or dependent on, the anticipation or excitement associated with betting. *They become addicted to a feeling called "action."*

The "Relief" gambler may also be addicted to the "Action," because gambling provides some escape from the internal emotional pain.

Many people believe that gambling dependence or addiction involves winning or acquiring money. It does not. In fact, a famous gambler was once quoted: "Gambling and winning is the best feeling I know. But gambling and losing comes second."

Even though a gambler loses most of the time, he or she continues to return to gambling. This is true for both relief and action gamblers. Obviously, winning is not the objective of their behaviour. Rather, the objective is to experience the feeling of anticipation (i.e., action) that follows the bet or to experience the loss of pain or other negative emotion (as described by Custer and McCormick).

Originally, gambling is a "solution" for the problem gambler, i.e., a way of socializing, relaxing, getting away from things, or a form of recreation. With time, it can become a problem as the behaviour becomes more extreme and the consequences more severe. This is true for both action and relief gamblers.

Client Materials

The following worksheets are included in this section:

- 2.1 Problem Gambling Characteristics
- 2.2 Gamblers Anonymous 20 Questions
- 2.3 Diagnostic Criteria DSM-IV—Pathological Gambling
- 2.4 A Chart of Compulsive Gambling and Recovery
- 2.5 Signs of Recovery From Problem Gambling
- 2.6 Weekly Gambling Log
- 2.7 Gambling Craving Scale
- 2.8 Journal
- 2.9 What Can I Do With What I've Done
- 2.10 Treatment Planning Worksheet
- 2.11 Treatment Planning Outline
- 2.12 Treatment Planning Guide

Supplementary Information

The following is recommended reading:

- Dickerson, M., Hinchy, J. & Legg England, S. (1990). Minimal treatments and problem gamblers: A preliminary investigation. *Journal of Gambling Studies*, 6(1), 87-102.
- Rosenthal, R. & Rugle, L. (1994). A psychodynamic approach to the treatment of pathological gambling: Part 1. Achieving abstinence. *Journal of Gambling Studies*, 10(1), 21-42.
- Sharpe, L. & Tarrier, N. (1992). A cognitive-behavioral treatment approach for problem gambling. *Journal of Cognitive Psychotherapy: An International Quarterly*, 6(3), 193-203.

Worksheets

Problem Gambling Characteristics

Indicate whether the following statements apply to your gambling behaviour.

Yes	Somewhat	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I spend large amounts of time gambling. This allows little time for family, friends or hobbies.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I've begun to place larger, more frequent bets. Larger bets are necessary to get the same level of excitement.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I return to gambling soon after a loss to try to recover the loss. "Chasing" my losses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have growing debts. I am secretive or defensive about money, and may borrow money from family members or friends.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have pinned my hopes on the "big win." I believe the big win, rather than changing the gambling behaviour, will solve financial or other problems.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have made promises to cut back on gambling although I have been unable to reduce or stop gambling.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have covered up or lied about my gambling.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If unable to gamble, I miss the thrill of the action and may be bad-tempered, withdrawn, depressed or restless. During a winning streak, I am on a high.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have boasted about my winnings, or kept my losses a secret.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have missed special family occasions because of my gambling, e.g. birthdays, school activities, or other family gatherings.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I found new places to gamble, both close to home and away. Holidays may be planned to places where gambling is available.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am unaware of time and surroundings; I am "spaced out" when I gamble.

Gamblers Anonymous 20 Questions

Gamblers Anonymous (GA) has 20 questions which it asks new members. Think about your life over the past twelve months and the impact your gambling has had on it, then answer the following:

1. ☐ Do you lose time from work due to gambling?
2. ☐ Does gambling make your home life unhappy?
3. ☐ Does gambling affect your reputation?
4. ☐ Do you ever feel remorse after gambling?
5. ☐ Do you ever gamble to get money with which to pay debts or to otherwise solve financial difficulties?
6. ☐ Does gambling cause a decrease in your ambition or efficiency?
7. ☐ After losing, do you feel you must return as soon as possible and win back your losses?
8. ☐ After a win, do you have a strong urge to return and win more?
9. ☐ Do you often gamble until your last dollar is done?
10. ☐ Do you ever borrow to finance your gambling?
11. ☐ Do you ever sell anything to finance your gambling?
12. ☐ Are you reluctant to use "gambling money" for normal expenditures?
13. ☐ Does gambling make you careless about the welfare of your family?
14. ☐ Do you ever gamble longer than you planned?
15. ☐ Do you ever gamble to escape worry or trouble?
16. ☐ Do you ever commit, or consider committing, an illegal act to finance your gambling?
17. ☐ Does gambling cause you to have difficulty sleeping?
18. ☐ Do arguments, disappointments or frustrations create within you an urge to gamble?
19. ☐ Do you have an urge to celebrate good fortune by a few hours of gambling?
20. ☐ Do you ever consider self-destruction as a result of your gambling?

If you answer yes to at least 7 of the 20 questions, or if you are concerned that your gambling is becoming a problem, help is available. Contact one of the organizations listed below:

Gamblers Anonymous
Local AADAC office
Other community agency or group.

Copyright: Gamblers Anonymous 1984

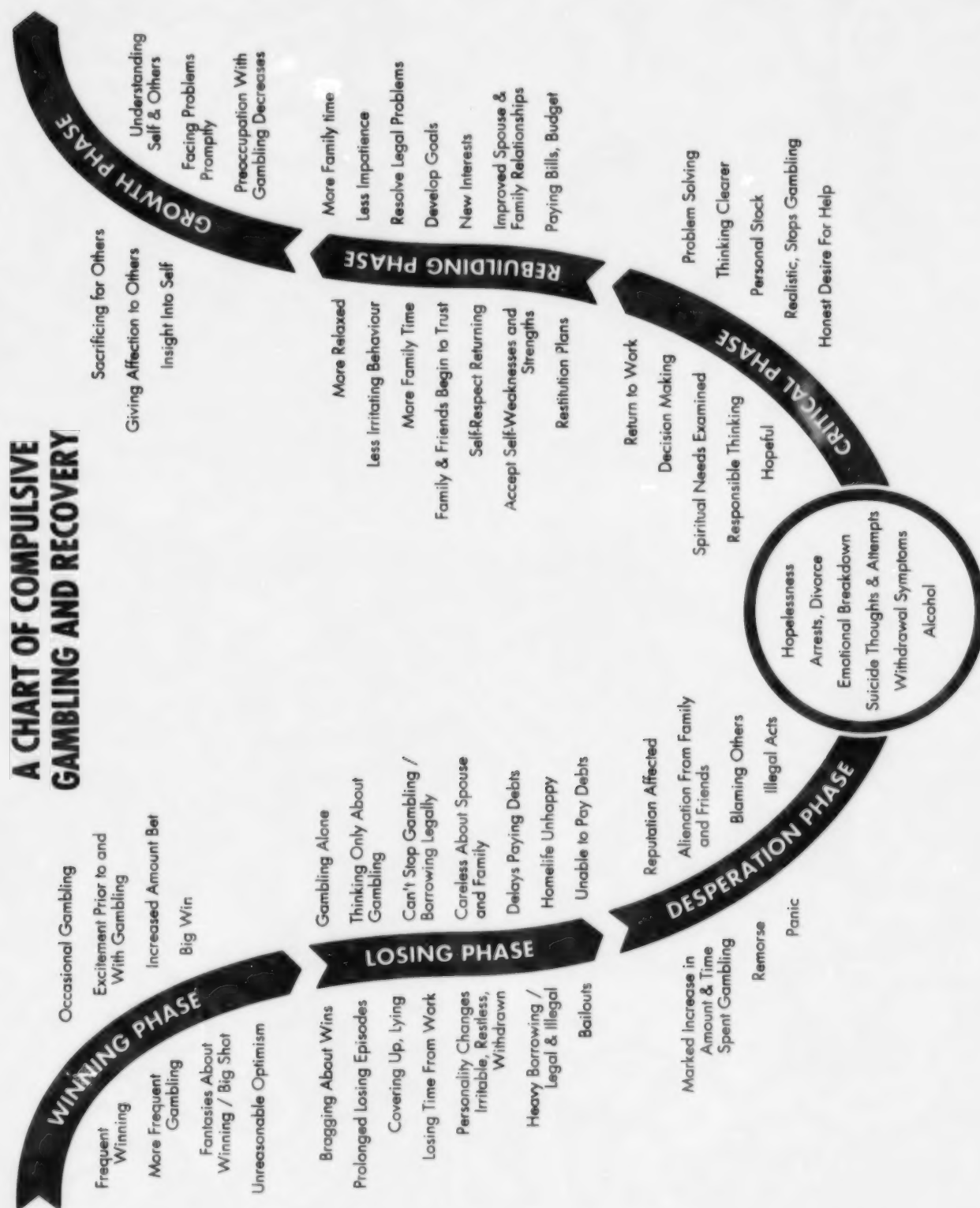
Diagnostic Criteria DSM-IV – Pathological Gambling

Persistent and recurrent maladaptive gambling behaviour as indicated by the presence of 5 or more of the following diagnostic criteria:

1. Preoccupied with gambling (e.g. preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble).
2. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
3. Has repeated unsuccessful efforts to control, cut back, or stop gambling.
4. Is restless or irritable when attempting to cut down or stop gambling.
5. Gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g. feelings of helplessness, guilt, anxiety, depression).
6. After losing money gambling, often returns another day to get even ("chasing" one's losses).
7. Lies to family members, therapist, or others to conceal the extent of involvement with gambling.
8. Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling.
9. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
10. Relies on others to provide money to relieve a desperate financial situation caused by gambling.

Source: American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders (IV)*.

A Chart of Compulsive Gambling and Recovery



Signs of Recovery from Problem Gambling

1. Admits problem.
2. Recognizes how behaviour affects others.
3. Returns to work (if hospitalized or unemployed).
4. Establishes and maintains budget.
5. Makes decisions regarding who will handle money in the family.
6. Expresses concern for family appropriately. Develops empathy and sensitivity.
7. Develops small problem solving skills.
8. Fewer crisis.
9. Establishes and maintains a savings plan.
10. Learns to express anger appropriately.
11. Increases family closeness.
12. Issues of gambling appear less frequently and often real problems emerge as a focus—not the gambling.
13. Has positive self-esteem and self-acceptance.
14. Tolerates tension and the development of stress reduction techniques.
15. Develops appropriate leisure activities as a substitute for the preoccupation with gambling.

Weekly Gambling Log

Name: _____ Date: _____

Throughout the time you spend in the *Intensive Treatment Program for Problem Gamblers*, you are encouraged to monitor your feelings and behaviours with regard to gambling. This activity will help you learn more about yourself and the nature of your gambling behaviour. Keep a daily record of the following:

- **Gambling Behaviour** - if you engaged in any form of gambling, note when it occurred, for how long, the game played, how much you wagered, and how much money was won/lost.
- **Gambling Urges** - if you experience craving or urges to gamble, note how often they occurred and in what situation. Also comment on how you handled the urge (e.g. watched TV, took a bath, "white knuckled" it until it went away, used relaxation techniques, etc.).

Day	Gambling Behaviour	Urges to Gamble	When & Where?	Comments
1				
2				
3				
4				
5				
6				
7				

Gambling Craving Scale

Name: _____ Date: _____

1. On the line below, identify the number that best describes how strong on the average, your craving or urge to gamble has been today, with "1" representing no cravings at all and "9" extremely strong cravings.

no cravings			mild		moderate		strong		extremely strong
1	2	3	4	5	6	7	8	9	

2. On the line below, circle the number that best describes how *strong* your *worst* craving or *strongest* urge to gamble has been *today*?

no cravings			mild		moderate		strong		extremely strong
1	2	3	4	5	6	7	8	9	

3. How frequently (how many times) have you experienced an urge or craving to gamble *during the day*?

___ 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6-10 ___ 10+

4. On the average, *how long* has the craving or urge to gamble lasted *today*?

___ 0-5 min.	___ 6-15 min.	___ 16-20 min.
___ 21-30 min.	___ 30-45 min.	___ 45-60 min.
___ 1-2 hrs.	___ 2-3 hrs.	___ more than 3 hrs.

5. Compared to yesterday, do you feel your cravings or urges to gamble are:

significantly decreasing		somewhat decreasing		the same		somewhat increasing		significantly increasing
1	2	3	4	5	6	7	8	9

6. If you had any cravings or urges to gamble today, what do you think triggered them?
(If you are not certain of the triggers, write down some possible triggers.)

Journal

Name: _____ Date: _____

Keeping a journal can be a helpful tool in working through issues. Thoughts and feelings, as well as events and activities, can be recorded, preferably on a daily basis. Journals can contribute to a sense of identity and purpose. The only rule is that entries need to be dated. A small notebook and pen are the only equipment needed.

Also, part of the benefit of keeping a journal is that recovery is being recorded. In the future, you will have concrete evidence that you have indeed changed.

Worksheet 2.9

Treatment Planning Worksheet

Area of Life	Specific Goals	Obstacles to Acheiving Goals	Steps to Achieving Goals
PHYSICAL			
SOCIAL			
LEISURE			
CAREER			
EMOTIONAL			
SPIRITUAL			
PERSONAL GROWTH			
FINANCIAL			
LEGAL			

Treatment Planning Guide Outline

1. Problem Areas Agreed Upon (most up to least urgent)

- a) _____ b) _____
- c) _____ d) _____
- e) _____ f) _____

2. Treatment Plan

A) Long-term Goals

B) Short-term Goals

GOALS

TASKS

Treatment Planning Guide

Start Date	Long-Term Behavioral Goals	Interim Goals and Tasks	End Date

Module 3

Gambling as a Lifestyle

Contents Gambling as a Lifestyle

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	Client Materials	3.8
	Supplementary Information	3.8
	 Worksheets	
	<hr/>	
	How Has Gambling Affected My Life?	3.1
	What Do I Get Out of My Gambling?	3.2
	Cost-Benefit Analysis	3.3
	Benefits of My Addiction	3.4
	Costs of My Addiction	3.5
	Benefits of My Recovery	3.6
	Costs of My Recovery	3.7
	Unmet Needs and Identification of My Needs and How to Meet Them	3.8
	Identification of My Needs And How to Meet Them	3.9
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	Self-Awareness Wheel Exercise	3.11
	The Daily Activity Schedule	3.12
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Module 3

Gambling as a Lifestyle

Overview

In this module, clients begin to gain more understanding of their problem gambling as they consider factors which may have contributed to their current situation. The module encourages participants to take an introspective look at themselves and their gambling behaviour.

Aspects of lifestyle are examined, as well as the cognitive processes involved in impulsive decision-making. Predisposing factors, such as family history, childhood experiences and personality characteristics are also discussed.

Objectives

After completing this module, clients in the *Intensive Treatment Program for Problem Gamblers* will:

- recognize how aspects of their lifestyle and thinking are based on a gambling perspective,
- explain how the approach presented by the Self-Awareness Wheel model can be used to develop more functional decision-making,
- discuss contributing factors in terms of their own history and experience.

Time

3 hours—This is a pivotal module of this *Intensive Treatment Program for Problem Gamblers*. More time may be given by either extending the time of this session and/or by referring to worksheets and lifestyle issues in the subsequent modules.

Strategy

The Gambling Lifestyle

Problem gamblers frequently approach their lives (or many areas of their lives) from a gambling or by "chance" perspective. Lead a discussion in which participants examine the following questions:

To what extent do they have a high-risk lifestyle?
In which area(s) of their life is this evident?

Do they tend to look for a "quick fix" when solving problems? How do they deal with problems such as those relating to finances, family, relationships and responsibilities?

Do they make decisions based on superstitions and rituals, rather than on other factors?

The worksheet *How Has Gambling Affected My Life?* (WORKSHEET 3.1) may be helpful in this section.

Contributing Factors

Discuss how the following factors may contribute to the development of problem gambling:

- family history
- personality characteristics
- emotional state
- thinking patterns
- unmet needs
- high stress
- meaning of money

Have participants consider these characteristics in order to gain insights into how and why their problems developed.

Emphasize to clients that the purpose for this discussion is not to blame any person or event for the development of their problem, but to try to understand how these factors play a part in their history. By understanding the contributing factors, participants may be able to resolve some of their issues, thereby decreasing the need for the problematic behaviour.

The worksheets *What Do I Get Out of Gambling?*, *Cost-Benefit Analysis*, *Unmet Needs*, and *Identification Of My Needs And How To Meet Them*, (WORKSHEETS 3.2,

3.3, 3.8, 3.9) may be useful in this section. As there are more worksheets than time will allow, use the appropriate worksheets to meet the needs of the group. You may also choose to assign worksheets for homework.

The worksheet *Emotional Meaning of Money* (WORKSHEET 3.10) may be useful to help clients review their thinking and values about money and how that may contribute to the development of their gambling problem.

Self-Awareness Wheel

Discuss how problem gamblers frequently think and behave in an abbreviated "leap frog" fashion. Using the Self-Awareness Wheel model, give examples of how problems in various life areas can be resolved more effectively and a more functional lifestyle can be developed.

Have participants apply the *Self-Awareness Wheel* (WORKSHEET 3.11) in various life areas to determine how problems may have arisen in the past and how they may potentially be resolved in the future.

Encourage participants to share their experiences and any insights they have gained.

Thinking Patterns

A proverb says, "A thought is the father of an action."

Encourage participants to explore how thoughts lead to actions. Conclude by noting that because thinking patterns can be a contributing factor to gambling, treatment may involve learning new thinking and response patterns. Recovery requires a change in how people respond to their thoughts, history and experience.

Inform participants that more time will be spent on how thoughts lead to actions in Module 6: Negative and Irrational Thinking.

Monitoring Daily Activities

Clients who engage in problem gambling or who abuse drugs or alcohol tend to engage in activities that support their addictive behaviour. As a result, they may fail to take part in activities that promote life goals, such as work, hobbies, community service and stable relationships. Activity monitoring and scheduling can be a useful strategy for understanding and modifying addiction-related behaviour and for increasing productive behaviours.

The process of activity monitoring and scheduling is simple and straightforward. The client receives a blank grid *The Daily Activity Schedule* (WORKSHEET 3.12) which contains the seven days of the week divided into 1-hour blocks. For a one-week period, clients record daily activities and the degree to which they felt a sense of pleasure or mastery from participating in each activity. Pleasure and mastery, recorded on a scale from 0 (none) to 10 (extreme), provide an indication of the client's mood and the level of reward or satisfaction derived from each activity.

The Daily Activity Schedule can be used for several purposes:

- It can serve as a journal of present activities. By reviewing a complete schedule, the counsellor and client can get a baseline of the client's activities and how they relate to problem gambling or alcohol/drug use.
- The Daily Activity Schedule can serve as a guide for future activities. In other words, the client and counsellor can use a blank form to schedule alternative activities that are less conducive to the addictive behaviour. Furthermore, to the degree that the client lacks satisfaction and a sense of accomplishment in life, the counsellor may choose to examine the client's core beliefs about his or her lovability or adequacy.
- Finally, the Daily Activity Schedule can be used to evaluate the extent to which clients have been following their proposed schedule. For example, after a weekly plan has been completed, the client may take home a blank form to monitor actual behaviours. Frequently, a failure to follow-through with planned activities occurs as a result of addiction-related behaviours or beliefs such as "I can't do anything right" or "I never reach my goals." When this happens, the counsellor must help the client to see that useful information has been obtained and that goals can still be achieved in spite of early setbacks.

When clients succeed in planning and completing non-addiction-related activities that give them satisfaction and build their self-efficacy, they begin to view themselves as less helpless, less out of control, and less dependent on "fixes."

Biographical Sketch

Ask participants to complete the worksheet *How Did I Get Here?* (WORKSHEET 3.13) exercise as homework. In this activity, participants develop a biographical sketch as they consider their life in 5-year increments. The following features are then considered:

- family and personal gambling history;
- how they have historically dealt with and resolved problems;
- aspects of their life that have made them vulnerable to problem gambling (e.g. competitiveness, escape from affect, need for social acceptance, need for excitement, anger and rebelliousness, looking for freedom);
- internal vs. external causes of achievement (e.g. what did clients have to work to achieve? what happened by chance?).

It is useful to have the client begin this biographical sketch early in the assessment and treatment process. Throughout the treatment process, you may want to review the sketch and have the client add to it. For clients who have difficulty expressing themselves in writing, suggest the use of a tape recorder or forms of artwork that depict their history.

Inform participants when this assignment is due and how it will be reviewed and used (e.g. in an individual counselling session, discussed in the group).

Background Information

Aspects of Lifestyle

Lifestyle is distinctive and unique to each individual. There are no "right" or "wrong" choices. Each feature of our lifestyle represents a choice we make in response to our environment and our internal needs and wants.

Lifestyle is an abstract concept that includes:

- how and where we live
- the kind of activities we do
- who we do them with.

Lifestyle also involves the way we think about and interpret our activities, thoughts, environments, feelings and emotions.

Lifestyle choices help individuals meet their physical, emotional, social and spiritual needs. Appropriate choices lead to happiness, contentment and personal satisfaction. Inappropriate choices, on the other hand, may result in poor health, increased stress, conflict or dissatisfaction.

Self-Awareness

Problem gamblers often "leap frog" through life, moving from sensation to action, without due thought and consideration. To help explain this attribute and show how it may be changed, a model known as the Self-Awareness Wheel has been developed.

Clients often find it helpful to understand the cognitive processes that are involved in making impulsive decisions. The Self-Awareness Wheel helps to explain how problem gambling results from the failure or inability to go through each of the six stages prior to taking action.

Our senses—sight, hearing, smell, touch, taste—provide input or sensory stimuli:

1. What we see and hear gives birth to our thoughts.
2. Thoughts generate feelings.
3. Feelings, in turn, result in wants and needs.
4. These are followed by the decision-making process, in which we explore options and make choices.
5. Once we decide on an option,
6. We take action.

A healthy person progresses around the wheel in sequence, completing all steps from 1 to 6. Problem gamblers, on the other hand, typically progress around the wheel in a 1-2-6 sequence, omitting steps 3 to 5.

The abbreviated cycle of the problem gambler reflects contributing factors relating to personality characteristics such as passivity, inability to delay gratification, and not being able to tolerate discomfort, as well as poor coping strategies.

When the model is considered in terms of the treatment of problem gamblers, the following guidelines emerge:

- emphasize the importance for problem gamblers to identify and verbalize their feelings as an important step in the process (most have difficulty in doing so);
- note that in Step 4 (i.e., wants and needs), problem gamblers often say they want/need money, but what they really want/need is excitement, relief, companionship, and so forth;
- emphasize the need to break the impulse cycle of 1-2-6 and to relearn (or learn) the ability to "go around the wheel" instead of taking short cuts;
- for men, there is often an additional factor of being socialized to not express, or be comfortable with, feelings.

Contributing Factors

Gambling is similar to other addictions in that it is a way of coping with the stresses and complexities of life. As such, problem gamblers tend to have certain common characteristics and experiences. Some of these characteristics are discussed below.

Family History

In addition to the hypothesis that there may be a genetic or inherited pre-disposition for problem gambling, the tendency for problem gambling to run in families can also be explained by role modelling. Moreover, disrupted or inconsistent child rearing may result in deep feelings of inadequacy, inferiority, and low self-esteem, as well as a pervasive sense of rejection.

Treatment Implications

Insight-oriented or cognitive therapy may be required to help the client overcome the effects of these early experiences.

Personality Characteristics

The inability to control gambling behaviour has been related to personality traits such as extreme impulsivity, inability to delay gratification, and not being able to tolerate feeling uncomfortable. As a result, coping skills are often poor.

Treatment Implications

Behavioral counselling may be useful for helping clients learn to control impulsivity and delay gratification. Group counselling may be helpful for developing coping skills.

Emotional State

Problem gamblers are considered to have one of the following inner states: hypo-arousal (understimulated or bored, use gambling to make life more interesting) or hyper-arousal (over stimulated or anxious, use gambling to escape from uncomfortable feelings). Depression or anxiety disorders are common.

Treatment Implications

Stress management strategies and relaxation techniques are often useful for helping clients learn to manage uncomfortable feelings. Negative emotional states become more acute when the gambling stops; therefore, alternative ways of dealing with these feelings must be identified early in treatment. Medical and/or psychiatric referrals may be required for clients to obtain appropriate treatment and medication.

High Stress

Inability to relax is often a contributing factor to problem gambling. Hyper- or hypo-arousal results in a chronically stressful state. Gambling serves as a way of relieving this stress. In addition, the consequences of problem gambling create even greater stress. The result is a deepening spiral of gambling to relieve stress, which then causes more stress.

Treatment Implications

Stress management strategies and relaxation techniques are often useful for helping clients learn to manage their stress levels.

Grief Issues

Losses, and the grief associated with these losses, may be a factor contributing to problem gambling. Losses include

such things as retirement, children leaving home, the death of a loved one, etc. Similarly, unresolved past neglect or abuse and the low self-esteem associated with these factors may play a role in problem gambling. There are also the losses incurred as a result of gambling. In addition, giving up gambling itself involves a loss. Grief issues may help to explain why depression is a common feature of problem gamblers.

Treatment Implications

Individual or group therapy may be required to help clients adjust to losses such as those mentioned above. Support groups may also be useful. Unresolved past neglect and/or abuse typically requires referral for specialized treatment.

Unmet Needs

Addiction can be considered a substitute satisfaction for essential unmet needs. Clients often relate well to this definition and understand that their gambling is an attempt to meet unsatisfied needs. Discussing the needs that all humans have can help to normalize the problem gambler's thoughts.

Treatment Implications

Clients can be encouraged to see that these needs must be addressed. As with other addictions, simply refraining from the addictive behaviour does not necessarily improve life. At this point, clients may realize that stopping gambling is not the key to solving their problems. Encourage clients to begin to discover skills, abilities, and feelings, as well as to foster physical and spiritual health.

Value of Money

Having money is frequently attached to status and power. Gambling advertisements glamorize the response to winning money. Our society focuses on getting things quickly. We look for a quick fix to resolving problems and gaining status and wealth. Bells ring, lights flash, and pictures are published when a person wins big. Attention is then focused on the person who may not otherwise experience attention. This is a big hope for the gambler. Big bucks means status, power and attention. It is helpful to clients to have them identify their source of meaning of money.

Treatment Implications

Clients can be encouraged to develop a realistic and acceptable attitude about money. One that will assist them in their recovery from problem gambling.

Client Materials

The following worksheets are included in this section:

- 3.1 How Has Gambling Affected My Life?
- 3.2 What Do I Get Out of My Gambling?
- 3.3 Cost-Benefit Analysis
- 3.4 Benefits of My Addiction
- 3.5 Costs of My Addiction
- 3.6 Benefits of My Recovery
- 3.7 Costs of My Recovery
- 3.8 Unmet Needs and Identification of My Needs
And How to Meet Them
- 3.9 Identification of My Needs and How to Meet Them
- 3.10 The Emotional Meaning of Money
- 3.11 Self-Awareness Wheel Exercise
- 3.12 The Daily Activity Schedule
- 3.13 How Did I Get Here?

Supplementary Information

The following articles are recommended reading:

- McCormick, R. (1994). The importance of coping skill enhancement in the treatment of the pathological gambler. *Journal of Gambling Studies*, 10(1), 77-86.
- Jacobs, D.H. (1986). A general theory of addictions: A new theoretical model. *Journal of Gambling Behavior*, 2, 15-31.

Worksheets

How Has Gambling Affected My Life?

In point form, list the effects that gambling has had on the various areas of your life. Revisit your answers over the course of the treatment program and add insights you have gained.

Physical

Social / Family

Emotional/Mental

Career / Training

Personal Growth

Spiritual

Legal

Leisure

Financial

What Do I Get Out of My Gambling?

Complete the following questions in the space provided. Revisit your answers over the course of the treatment program and add to your answers with insights you have gained.

1. What I get out of gambling is:

2. The problems I don't have to think about when I'm gambling are:

3. When I gamble and win I feel:

4. When I gamble and lose I feel:

Cost-Benefit Analysis

Now that you have had some time to reflect on your gambling you are hopefully beginning to see some of the reasons why you were at risk for developing an addiction and also to recognize the patterns in your own behaviour that maintained your addiction. In beginning your recovery, it is important to understand the benefits you received from your addiction as well as the price you have had to pay for your gambling, drinking, or drug taking.

To illustrate what is meant by "benefits and costs" of your addiction, consider the following example. Imagine you wanted to buy a hamburger and you were walking down the street and saw two restaurants. The sign in one restaurant read, "1/4 lb. Hamburgers—.99¢" and the sign in the restaurant next door read "1/4 lb. Hamburgers—\$125.00 each." Few people would choose to pay \$125.00 for a hamburger if they could get the same food for .99¢.

However, when you are addicted, you do not stop and evaluate how high a cost you are paying for the benefits you receive. The benefits of eating a hamburger may be that you enjoy the taste and you satisfy your hunger. The benefits people get from gambling, drinking and drug taking differ from person to person. Some use it to forget their problems, or to relax or "numb out," while others may get the benefit of feeling more confident, being a "big shot," or expressing anger or frustration.

Most people begin gambling, drinking, or drug-taking because they enjoy the effects and like how it feels—this is an important payoff. However, once they become addicted, they don't realize the benefits received from their addiction can be obtained in far less costly ways.

Returning to the hamburger example, if you are hungry, you could get the benefits of satisfying your appetite and enjoying a good tasting meal by having a hamburger. However, if the hamburger cost \$125.00, you might look at what else was on the menu that would taste good and be satisfying. If chicken was \$5.00, roast beef was \$4.50 and a fish fry was \$5.25, you might realize that there were many less costly ways of enjoying a meal and satisfying your hunger. With addiction, you don't realize (or you forget) that there are many ways of obtaining the benefits you get from your addiction that do not have the high cost you have had to pay.

In the following exercise, you will do an accounting of the costs and benefits of your addiction. This is one way for you to look honestly and clearly at whether your addiction is worth it for you. Fill in as many responses as you can in each category. Keep adding to your list as you become increasingly aware of the costs and benefits of your addiction.

Rugle, Lori. (1993). Cost Benefit Analysis. Trimeridian, Robert & Lillian Custer Center, Indianapolis, IN.

Benefits of My Addiction

	Short-term or Immediate	Long-term
Emotionally		
Socially (relationships, friends, family)		
Sexually		
In my work		
Physically		
Legally		
Spiritually		
Financially		

Rugle, Lori. (1993). Cost Benefit Analysis. Trimeridian, Robert & Lillian Custer Center, Indianapolis, IN.

Costs of My Addiction

	Short-term or Immediate	Long-term
Emotionally		
Socially (relationships, friends, family)		
Sexually		
In my work		
Physically		
Legally		
Spiritually		
Financially		

Rugle, Lori. (1993). Cost Benefit Analysis. Trimeridian, Robert & Lillian Custer Center, Indianapolis, IN.

Benefits of My Recovery

	Short-term or Immediate	Long-term
Emotionally		
Socially (relationships, friends, family)		
Sexually		
In my work		
Physically		
Legally		
Spiritually		
Financially		

Rugle, Lori. (1993). Cost Benefit Analysis. Trimeridian, Robert & Lillian Custer Center, Indianapolis, IN.

Costs of My Recovery

	Short-term or Immediate	Long-term
Emotionally		
Socially (relationships, friends, family)		
Sexually		
In my work		
Physically		
Legally		
Spiritually		
Financially		

Rugle, Lori. (1993). Cost Benefit Analysis. Trimeridian, Robert & Lillian Custer Center, Indianapolis, IN.

Unmet Needs and Identification of My Needs and How to Meet Them

An addiction, such as gambling, can be considered as a way to meet unsatisfied needs. All humans have a variety of basic essential needs, as portrayed on the wheel below:

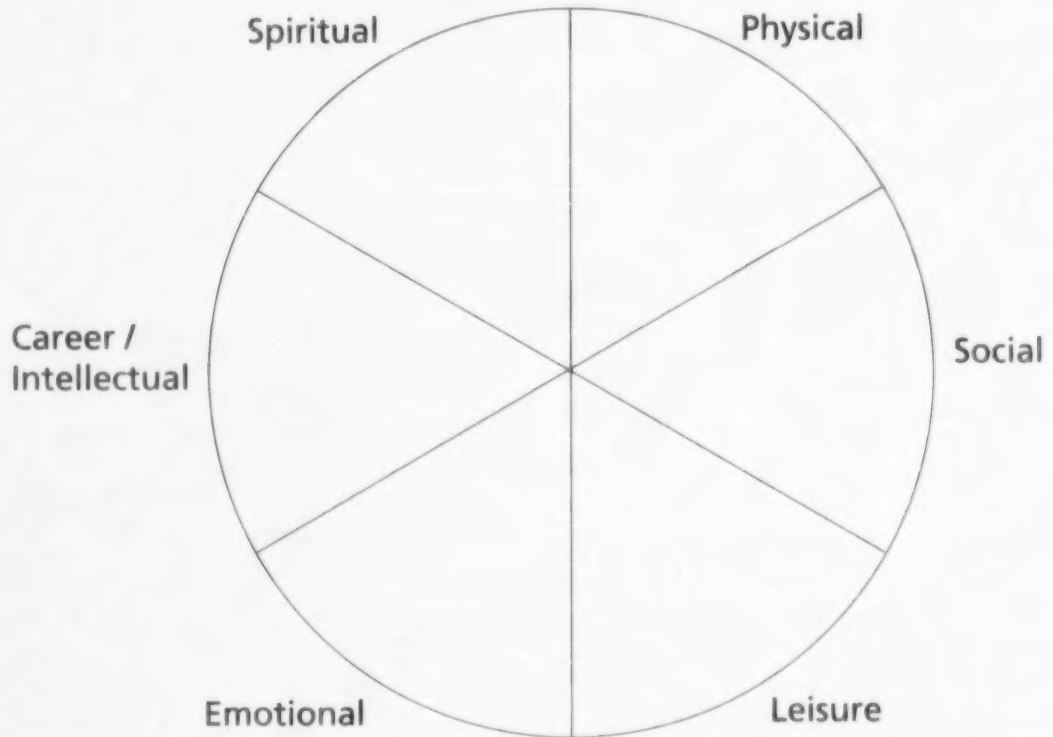


These needs must be attended to. But if we take short cuts to meet these needs, we lose the skills to meet them in healthy ways. Complete the wheel (on the next page), *Identification of My Needs and How to Meet Them*, using the space in each category to personalize your needs, i.e., I need to eat properly, get enough sleep, start exercising, take my medication.

As with other addictions, simply stopping gambling does not necessarily improve life. This exercise may help you feel more in "discovery" rather than "recovery," as you begin to discover skills, abilities, and feelings, as well as aspects of your physical and spiritual health.

Identification of My Needs and How to Meet Them

Complete the chart below, identifying specific personal needs in each area.



Write out below what you can do to meet the above identified needs.

The Emotional Meaning of Money

1. Complete the following phrases in the space provided:

a) People with money are

b) Money equals

c) I'm afraid that if I had money I would

d) Being broke tells me

e) People who waste money are

2. Check the item that best describes how you handle money:

☐ Very sensibly.

☐ Sensibly.

☐ Foolishly.

3. How do you feel about 'credit' in your life? Check one:

☐ It is useful to me.

☐ I let it get out of hand.

4. How much emphasis did your parents place on your being financially successful?

☐ Great emphasis.

☐ Little emphasis.

☐ No emphasis.

5. How important is money to you in your occupational aspirations? Check one:

- ☐ Money is the only reason for me to work.
- ☐ Money is important, but my work is important too.
- ☐ I like my work and money is of secondary importance.
- ☐ Other (explain):

6. Describe your first significant memory of money as a child.

7. Relate the most depressing, and the happiest, experience you have ever had with money.

8. What is your emotional experience related to gambling with money (either in a game of chance, on real estate, or in the stock market)?

9. In your opinion, what is the best way to teach children the value of money?

10. How were you taught about money by your parents?

11. You inherit \$5 million dollars (after taxes). What would you do with it? How would it emotionally affect your life? How would it change your lifestyle?

Self-Awareness Wheel Exercise



Reflect on problems you have experienced in the life areas listed below. Using the Self-Awareness Wheel, identify the process you used to deal with these problems. Did you go through all the steps? If not, which one(s) did you miss? What changes can you make next time?

Physical _____

Emotional _____

Social _____

Career/Training _____

Leisure _____

Spiritual _____

Financial _____

Legal _____

Social/Family _____

The Daily Activity Schedule

Date: _____

For a one-week period, record your daily activities and the degree to which you felt a sense of pleasure or mastery from participating in each activity. Use a scale from 0 (none) to 10 (extreme) to indicate the level of reward or satisfaction derived from each activity.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6-7 am							
7-8 am							
8-9 am							
9-10 am							
10-11 am							
11am - noon							
noon - 1pm							
1-2 pm							
2-3 pm							
3-4 pm							
4-5 pm							
5-6 pm							
6-7 pm							
7-8 pm							
8-9 pm							
9-10 pm							
10-11 pm							
11 pm-12pm							
12 - 6 am							

Reflect back over your life. What was it like as a child? What was your position in the family? What were your parents like? Did they gamble? Describe your schooling and work history. When did gambling enter the picture? What major problems/crises have you faced? How did you resolve them? Describe your situation today. Do you have a family? A job? How did you get here today?

How have you tended to solve problems in your life? What things seemed to have happened by chance? What have you had to work for?

[illegible]

Module 4

Establishing Support

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Module 4

Establishing Support

Overview

A supportive environment is a fundamental aspect of problem gambling treatment. Social support plays a key role in helping problem gamblers change their behaviour and adjust to a new lifestyle.

One aspect of the *Intensive Treatment Program for Problem Gamblers* involves participation in a support group and attendance at Gamblers Anonymous meetings, if appropriate. These sources of support can play an important role in recovery from problem gambling. Support groups can enhance personal well being, improve social functioning, and help clients cope with the consequences of problem gambling.

Objectives

After completing this module, clients in the *Intensive Treatment Program for Problem Gamblers* will:

- recognize the importance of having a strong support system,
- identify individuals in their personal support network and describe how this network could be expanded,
- have access to a problem gamblers support group and, if appropriate, Gamblers Anonymous.

Time

3 hours

Strategy

The Importance of a Support System

Clients often believe they must resolve their gambling difficulties on their own, arguing that "I got myself into it, now I have to fix it." Others prefer to do it alone, wishing to avoid self-disclosure, embarrassment or the admission of failure. Such beliefs or opinions can hinder clients' attempts to change their behaviour and make positive changes in their lifestyle.

Explain why it is important to have a support system. Emphasize its importance by comparing success rates between individuals who have support and those who do not.

Discuss the components of a support system. Include both formal and informal support systems.

Have participants determine the scope of their support system and assess its adequacy for meeting their needs. You may wish to use the worksheets *Developing A Support System* (WORKSHEET 4.1) and *Your Support System* (WORKSHEET 4.2). Encourage participants to describe their support system to the group so they can share ideas and learn from each other.

Conclude with a discussion of ways in which participants may expand their support network.

Support Groups

Explain that in a self-help group, individuals with similar problems and experiences can utilize their collective energies to solve problems, share information, and provide emotional support and mutual assistance.

Describe the purposes of a self-help or support group, as follows:

- Information—Members share information about problem gambling, available resources and treatment services.
- Emotional support—Group members relate their experiences and provide support to help others, particularly newcomers and those who are having difficulties.

- Socialization—Self-help groups provide opportunities for socializing and forming new friendships.
- Advocacy—Some members are involved in efforts to enhance public awareness of problem gambling and to influence public policy.

Gamblers Anonymous (GA)

Introduce Gamblers Anonymous and review the 12 steps of this program. If possible, encourage participants to attend meetings in the area. Distribute meeting lists and program brochures.

Discuss any questions or concerns that participants may have about Gamblers Anonymous. You may want to have a GA representative attend this session to answer questions/concerns about GA.

Video

You may wish to show the video "Twelve Steps" (35 minutes) to introduce participants to the nature of 12-step programs, how they work, and the purpose of such groups. This video is available from:

Kinetic Inc.
408 Dundas St. East
Toronto, ON.
M5A 2A5
Phone: (416) 963-5979
Fax: (416) 925-0653

Gamblers Support Group

Introduce the Problem Gamblers Support Group, explaining that it is an integral component of the *Intensive Treatment Program for Problem Gamblers*. Explain how participants can participate in this group for the remainder of the treatment program.

Distribute the worksheet *Gamblers Support Group Guidelines*, (WORKSHEET 4.3) and ensure that participants understand the importance of adhering to these policies. You may also wish to distribute the worksheet *How to Get the Most From Your Group* (WORKSHEET 4.4).

If there is an existing Gamblers Support Group available, you may want to invite members to describe their experience with the group.

Background Information

Self-Help and Support for Problem Gamblers

Every evening throughout Alberta, groups of problem gamblers meet. They do so to help rebuild lives once devastated by gambling and to ensure they don't ever return to that life again. They are members of Gamblers Anonymous or other support groups for problem gamblers. Regardless of their affiliation, their goal is the same—to build a life that is free from gambling.

They know that problem gambling can be overcome. Recovery begins when the gambler recognizes that a problem exists and seeks the support necessary to abstain from gambling and rebuild his or her life. Self-help groups can offer many types of assistance to problem gamblers and their families:

- **Information**—Members are knowledgeable about problem gambling and its effects (based on their personal experience), as well as available resources and treatment services.
- **Emotional support**—Group members share their experiences and provide support to help others, particularly newcomers and those who are having difficulties.
- **Socialization**—Self-help groups provide opportunities for socializing and forming new friendships.
- **Advocacy**—Groups can work together to enhance awareness of problem gambling, to lobby for additional resources, and to influence public policy.

Self-help groups can be instrumental in helping problem gamblers stay free of gambling and restore their lives. However, some problem gamblers may require additional help to identify their reasons for gambling and overcome feelings of helplessness, depression, and guilt. Many experts believe that the most effective treatment involves individual counselling or group therapy as well as regular participation in a self-help program.

The Gamblers Support Group

A support group is an excellent way to provide consistent, practical treatment to problem gamblers. A group can offer a sense of belonging to the problem gambler that he or she may not find elsewhere. The self-disclosure that occurs in a group setting permits participants to gain a deeper understanding of themselves as well as to learn more effective ways of relating to people. Group members have the opportunity to see themselves and others develop self-confidence and a sense of identity. This, in turn, seems to help them resist urges to gamble.

Support groups may take a variety of different formats depending on the resources available, and the leader's experience and availability. The most essential ingredient for a successful support group is to provide an atmosphere of trust and safety for the participants. Whether the group is highly structured or very casual depends a great deal on the facilitator.

Problem gamblers, like other clients, do seem to appreciate having some input in how the group is run and will freely offer their comments on what is most helpful to them.

Self-help groups are an efficient and highly effective way of aiding problem gamblers in their recovery. The Gamblers Support Group is open to adults who recognize that their gambling is causing serious problems in their lives and who want to change their behaviour. Weekly meetings are based on five simple guidelines:

1. **Being alcohol and drug-free**—Members are asked not to attend the group if they have been drinking or using drugs that day. Some group members are dealing with substance abuse problems as well as gambling.
2. **Confidentiality**—Counsellors are required by law to maintain confidentiality about participants. Participants are requested not to reveal the identity of others outside the group (or any information or stories that could identify someone).
3. **Respect**—All participants are requested to show respect for one another, even when they have different points of view.
4. **Discussion**—As much as possible, participants are expected to share their thoughts and feelings, and to encourage others to speak. Quieter members and new participants need to feel they too have time to speak.
5. **Support of others**—Participants are asked to acknowledge the progress of other group members. "Everyone needs a pat on the back for their efforts."

If you choose to establish a support group, the following format has been used successfully at some AADAC offices:

- Brief introductions with first names.
- Group facilitator welcomes new members and hands out the guidelines developed by the group.
- A clarification of the support group's purpose is provided and an explanation of how it differs from Gamblers Anonymous. New members are encouraged to attend Gamblers Anonymous meetings to complement their recovery.
- Each member offers an "update" on his or her recovery. Members may speak of new jobs, financial worries, problem solving, family issues, or health concerns. "Gambling stories" are discouraged as they seem to trigger cravings in other members to gamble, and generally aren't helpful.
- As a large proportion of gamblers seem to be smokers, there is a brief break halfway through the group where much valuable discussion occurs. The smokers go outside to smoke and make sure the newcomers know "the rules" (where to smoke). Even the non-smokers go outside to stretch and join in the conversation.
- A sign-in sheet is passed around after the break. Newcomers are asked to complete an opening form once. This information is kept for statistical purposes.
- At times, more vocal members need to be restrained to allow others time to talk. This has never been a group noted for awkward silences!
- The group begins at (list start and end times). Some members are reluctant to leave. They seem to genuinely enjoy each others company and delight in hearing how far along members' recoveries have progressed. Closing time needs to be adhered to so that family members don't get suspicious and participants can develop accountability to them.

- Certain themes are common during group discussions.

Invariably, a newcomer will bring up the government's role in gambling. This is usually accompanied by anger and resentment. It is often helpful to allow group members to deal with this issue for obvious reasons (i.e., the counsellor being a "representative" of that government). Seasoned group members will allow clients to express their feelings and encourage the group member to join them in doing what they can to constructively make changes. The anger must not be discounted—there are valid reasons for feeling this way, but it is generally more helpful to focus on solutions rather than problems.

Other common themes include the following:

- the effectiveness of recovering versus non-recovering counsellors;
- the misunderstanding of gambling in the general population;
- the expense of inpatient treatment;
- and, of course, the "abstinence versus control" debate (commonly heard as "Is it true I can never buy another lottery ticket?").

For the counsellor, the rewards of being involved in a support group for problem gamblers cannot be over emphasized. The information gained from this process is invaluable and allows a counsellor to formulate beliefs about problem gambling based on those who are recovering and successfully dealing with their problems.

Gamblers Anonymous

Gamblers Anonymous is a self-help recovery program based on the 12 Steps of Alcoholics Anonymous. Many recovering gamblers feel that Gamblers Anonymous is an essential part of their treatment. Members attend regular meetings at which they admit they are compulsive gamblers and share their "experience, strength, and hope." During crises, members may support each other through telephone calls and personal visits. The group support and structured steps of the program can be extremely beneficial to the problem gambler who sincerely wants help.

Gamblers Anonymous groups exist throughout Alberta. In larger centres, several meetings a week are available.

The steps of Gamblers Anonymous are as follows:

1. We admitted we were powerless over gambling—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to a normal way of thinking and living.
3. Made a decision to turn our will and our lives over to the care of this Power (of our own understanding).
4. Made a searching and fearless moral and financial inventory of ourselves.
5. Admitted to ourselves and another human being the exact nature of our wrongs.

6. Were entirely ready to have these defects of character removed.
7. Humbly asked God (of our understanding) to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having made an effort to practice these principles in all our affairs, we tried to carry this message to other compulsive gamblers.

Another self-help organization, GamAnon, provides emotional support for the families and friends of problem gamblers in order to help them deal with their stress, anger, fear and frustration. Without assistance, they may withdraw from friends, resort to alcohol or other drugs, or become depressed or even suicidal. By sharing their experiences, GamAnon members learn to care for themselves emotionally and financially, and to stop "bailing out" the gambler.

Client Materials

The following worksheets are included in this section:

- 4.1 Developing a Support System
- 4.2 Your Support System
- 4.3 Gamblers Support Group Guidelines
- 4.4 How to Get the Most From Your Group.

Supplementary Information

The following articles are recommended reading:

- Bellringer, P. (1991). Running a group for problem gamblers. *Newsletter of the UK Forum of Young People and Gambling*, (1), 2-3.
- Haustein, J. & Schurgers, G. (1992). Therapy with male pathological gamblers: Between self help group and group therapy—Report of a developmental process. *Journal of Gambling Studies*, 8(2), 131-142.
- Taber, J. & Chaplin, M. (1988). Group psychotherapy with pathological gamblers. *Journal of Gambling Studies*, 4(3), 183-196.

Worksheets

Developing a Support System

Developing a support system is more than just having someone available to talk to when you are having a difficult time.

A support system is a combination of positive relationships and interpersonal strengths. When put together, they work as "safety nets" to help you through a difficult time. These "nets" also help you stay focused on your personal goals for recovery.

The following diagram illustrates the various "nets" that assist you in dealing with boredom, conflict (within yourself and with others), anger, excitement, resentment, etc. These are the supports that prevent you from entering into crisis and relapse situations. The characteristics of each "net" are described so that you can accurately identify supportive people, supportive goals, and supportive places. You



Family

Families provide a sense of belonging and unconditional acceptance. They are a group that genuinely cares about what is happening to you. "Family" may include immediate family, 12-Step group members, church group members, or very close friends.

Friends

Friends are people who are not as emotionally close as family. They are people who can help you develop skills (act as a testing-ground), provide you with a new perspective, and challenge your thoughts. Friends can play the "devil's advocate" and not take your response personally.

"Friends" may include peers at work, peers in a community club or activity, a casual coffee partner, etc. These are also people who support your decision to not gamble.

Tour Guide

A tour guide is someone who has been "down that same road"—a person who understands your situation. He or she is someone who can help you change without having to reinvent the wheel. A person who is distant enough to be objective. Someone who can spot barriers in your recovery before you do because of their personal experience in recovery or in helping others. Your "tour guide" recognizes your struggles and challenges, is someone you trust, and who can help you chart your way in recovery.

"Tour guides" include 12-Step sponsors, clergy members, and counsellors.

Goals

Goals represent "what you will become." They do not refer to what you will receive as a reward for abstinence. They provide a visual image of becoming the person you want to be, for example, an image of seeing yourself being successful in high risk situations.

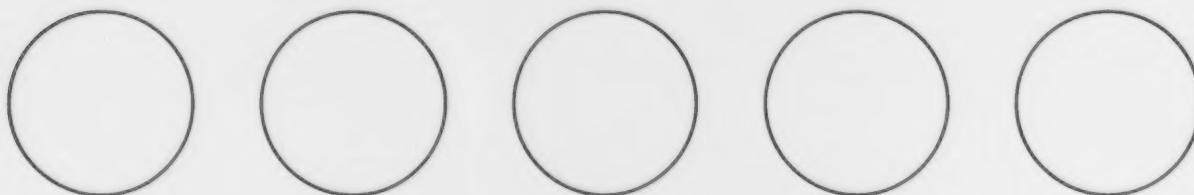
Safe Place

A safe place is a physical place where you can go (e.g. living room on Sunday morning, for a drive, counsellor's office) for 30 minutes to one hour.

Go to this place, *alone*, weekly, to reflect on the advice that you have received. It's a place where you can look at all the information and make careful decisions.

Your Support System

In the square below, write your name. In the circles, write feelings, situations, or triggers that may lead to gambling for you. Each "net" represents a support which can prevent you from relapsing. Label each net, indicate who or what it contains, and briefly describe how it will support you in your recovery. Add as many nets as you need, or can identify. Include individuals, groups, organizations, and other resources available to you. If the nets are not built strongly enough and you keep falling through them, you are likely to relapse. Careful planning is a key to a strong support system.



name:

NET 1

NET 1

NET 1

NET 1

NET 1

RELAPSE

Gamblers Support Group Guidelines

This group is available to adults who recognize their gambling is causing serious problems in their life, and who want to change their behaviour.

The group is on _____ evenings from _____ until _____.

Please be on time.

Group Guidelines

1. **Alcohol or drugs should not be used while attending this group.** Please do not attend group if you have been drinking or using drugs on the day of group. Some group members are dealing with substance abuse problems as well as gambling.
2. **Confidentiality:** Counsellors are required by law to maintain confidentiality about participants unless there is a signed release. Participants are requested to not reveal the identity of others outside the group (including telling stories or giving any information which might identify someone).
3. **Respect:** All participants are requested to show respect for one another, even when there are different points of view.
4. **Discussion:** As much as possible, all participants are expected to share their thoughts and feelings. Quieter members and new participants need to feel they too have time to speak and can be encouraged to speak.
5. **Support of others:** Please acknowledge the growth and change you see in other group members. Everyone needs a pat on the back for their efforts.

How to Get the Most From Your Group

1. Let others know what your ideas are. What every member has to say is important. Sharing your thoughts and reactions with the group will help other members to share their thoughts.
2. Ask your questions. If you have a question, or there is something you want to know more about, ask. There is no such thing as a stupid question in this group. Several other members probably want to know the same thing.
3. Don't do all the talking. Others also want to participate and they can't if you take too long to express your ideas.
4. Help other members to participate. If someone looks as though he wants to say something but hasn't, encourage him to do so. You could say, "Joe, you look as though you'd like to say something." Silent members may especially need your support and encouragement to participate verbally. Don't overdo it though. A member doesn't have to talk to be involved in what is going on.
5. Listen carefully to other members. Try to listen so intently that you could repeat what the other member has said. You aren't listening effectively if you are thinking about what you are going to say when you get the chance. Give other people's ideas a chance and try to understand what they are saying. Listen the way you would want others to listen to you.
6. Group members are here to help. Problems can be solved by working cooperatively together. In the process of helping others, you can help yourself. The information you have can be helpful to others.
7. Be willing to accept another point of view. Don't insist that you are right and everyone else is wrong. The other person just might be thinking the same thing. Try to help other members to understand you, rather than trying to make them understand.
8. Keep up with the discussion. If the discussion is confusing to you, say so.
9. In this group, it is okay to talk about your feelings.

Module 5

Debt Assessment and Management Plan

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Module 5

Financial Assessment

Overview

Financial distress is a common feature of problem gambling. In fact, many problem gamblers initially seek help for their gambling as a result of a severe financial crisis. Dealing with this financial crisis is often the first priority in treatment. However, once the initial crisis has been resolved, financial chaos often remains. High levels of indebtedness are the rule, not the exception, for problem gamblers.

Objectives

After completing this module, clients in the *Intensive Treatment Program for Problem Gamblers* will:

- identify their values about money;
- complete a financial assessment worksheet summarizing their financial situation including assets, income, debts, and cost of living;
- identify options available for resolving debt problems;
- develop a plan to address their own financial problems;
- identify sources of professional/legal advice for their financial problems.

Time

3 hours (pre-session work is required)

Suggestions for delivery of this module would be one of the following:

- introduce the Financial Assessment Package and assign as homework in the session running previously, then run the entire Debt Management session over 3 hours, or
- two sessions: the first session to be 2 hours where the Financial Assessment Package would be introduced and clients would fill it out, the forms would be discussed using the case study, and the clients would be given time to re-work their forms. The second session would be 1-2 hours where options would be discussed and Debt Management Plans would be completed. These sessions should be delivered back-to-back.

Strategy

Values About Money

Values are at the heart of everything we do. They guide our attitudes, our beliefs about life, and our way of living. Most values are long-standing, many are held since childhood. Values are often subtle and difficult to recognize. One value that can affect people's attitudes toward gambling, as well as their gambling behaviour, is the value they place on money.

Have clients refer to the worksheet *The Emotional Meaning of Money*, which may have been completed in Module 3: Gambling as a Lifestyle. When they are done, have them consider their answers to the questions and determine what value they place on money. Do they see it as power? As a resource which, if carefully managed, they can "put to work" for them? As freedom? As something they can take or leave?

Have participants discuss how their values are reflected in their problem gambling behaviour and their reasons for gambling. The following reasons are commonly mentioned:

- to get rich or obtain possessions quickly;
- to pay bills or get out of debt;
- to gain recognition from others;
- to feel good about themselves by being financially "set."

Financial Issues and the Gambler

Explain that the major financial issue for gamblers is debt. The pressures related to a high debt load can be extreme. Pressure can come from many directions.

Ask the group for examples of pressure they have experienced related to debts (e.g. from family members who have suffered financially as a result of their gambling; from friends, family members and co-workers who have loaned money; eviction notices; from creditors seeking payment—including default notices, being sued, seizure of assets, wages being garnisheed).

Explain that while gambling, clients probably found ways to avoid their financial problems. Ask the group for

examples on how they have avoided dealing with their finances when gambling (e.g. borrowing money, having parents or others bail them out, depleting savings and retirement funds, stealing, believing a "win" would fix the problem). Emphasize that important tasks in recovery are to stop avoiding their financial difficulties and to develop strategies to deal with these problems.

Financial Assessment Package

Depending on how the delivery of this module has been structured, clients will have either completed a Financial Assessment Package before this session or they will complete the package during the session. Have additional sets of the Financial Assessment Package for clients who may wish to start a clean copy. Also have a number of pencils and calculators available for clients to use during the session.

Completing these forms accurately the first time is difficult and most people need to work through them several times to get an accurate picture. Inform clients that they do not have to share this information with anyone unless they choose to. However, they *do* need to develop an honest and complete summary of their financial situation in order to create a plan to manage it. For clients who do not have a debt problem, the process of completing a financial assessment will still be of value.

Problem gamblers tend to underestimate or under-report their total debt load (often by as much as two-thirds). It can be a painful and shocking experience to get a realistic picture of their financial problems. Acknowledge how difficult this process will be, and reassure them that they will develop a plan to begin to deal with this issue.

Have each of John Doe's Financial Assessment worksheets on overheads. Introduce "John Doe" and explain his financial situation.

Review the four parts of the *Financial Assessment Package* (WORKSHEET 5.1.A) in detail as you go through the John Doe sample worksheets on overhead (this process will help the clients complete their own forms properly):

- Budget Summary (WORKSHEET 5.1.B)
- Asset Summary (WORKSHEET 5.1.C)
- Income Summary (WORKSHEET 5.1.C)
- Credit Summary (WORKSHEET 5.1.D)

Ask clients to think about their own situation as you review John Doe's financial situation. Clients may want to make changes to their forms (or fill them in, if they have not completed them ahead of the session).

When you have finished reviewing the *Financial Assessment Package*, ask the following questions:

- Was this a new experience?
- Were you able to work through the forms without too much difficulty?
- Which parts tripped you up?
- Were you surprised at the total amount owing?
- Was it difficult to estimate your living costs for the Budget Summary?
- Were you surprised at your "Bottom Line"?
- How did you feel as you worked through it?

Inform clients that you are not in a position to provide legal advice in terms of what creditors can or cannot do. You can only give general information. If legal advice is needed, clients will know where to get this advice by the end of the session.

Debt Management Strategies

Review the following debt management strategies with the group:

- Reassess the "Bottom Line"
- Maintain Payments
 - Increasing Income
 - Decreasing Expenses
- Sell Unsecured Assets
- Refinance Loans Over a Longer Period of Time
- Consolidation Loan
- Borrow from Family/Friends
- Negotiate a Settlement with Creditors
- Negotiate a Repayment Plan
- Orderly Payment of Debts Program
- Consumer Proposal
- Bankruptcy

Remind the group that not all of the strategies may apply to them. Their *Financial Management Plan* will help determine the best course of action in resolving individual financial difficulties.

You may want to use the *Debt Management Strategies (WORKSHEET 5.3)* to summarize the strategies.

When and Where to Get Professional Help

Review the *When and Where to Get Professional Financial Help (WORKSHEET 5.4)* and encourage discussion. Be careful not to offer any legal advice. Explain the available resources for financial help and lead a discussion on the difference between financial *planners* and financial *counsellors*. Suggest clients contact the appropriate resources, when applicable.

Consider having brochures from the credit counselling agency in your area available for clients.

Involving Family Members

Ask the group to identify some of the ways their relationships have been affected by their financial decisions (e.g. spouse doesn't trust them; there isn't the money to provide children with what they need; lost job because of stealing). Encourage discussion.

Explain the importance of financial protection for their partners/spouses. Encourage discussion which leads into explaining the process of rebuilding trust with the people who have been adversely affected by the gambler's financial decisions and behaviours.

Debt Management Plan

Summarize John Doe's Debt Management Plan. These examples should help the clients get started on their own plan. An alternate exercise would be for the group to brainstorm and create a Debt Management Plan for John.

Give a *Debt Management Checklist (WORKSHEET 5.5)* to each client. Have the group identify the most pressing financial issues and the necessary steps to begin resolving them.

If there is time in the session, have clients complete their *Debt Management Plan (WORKSHEET 5.7)*. Alternatively, assign this as homework and follow up at a later time in the program.

Background Information

Values and Financial Issues

Problem gambling clients are often financially oriented, believing that money causes and can solve all their problems. Financial crisis is a common issue prompting gamblers to seek counselling. Calls from collectors, default notices, creditor demands, court summons and garnishee orders are often very effective at helping the gambler face reality.

Debt problems are common for people who have had problems related to gambling. It is easy to get credit in our society and gamblers can quickly end up owing a great deal of money. For example, the close proximity of a cash machine to a VLT outlet means gamblers can obtain large cash advances on credit in one afternoon of play.

Financial issues are also a key factor in relapse. Stress and financial pressure may contribute to a return to gambling. Each client's treatment plan should include strategies to manage debts. Pursuing financial counselling early in the gambling recovery process has several benefits.

- It acknowledges the issue that likely brought many clients into treatment.
- It allows clients to develop new problem-solving skills in an area familiar to them—money.
- It helps clients become engaged in the counselling process with a concrete and tangible issue.
- It provides clients with tools to address one of their high risk areas for relapse.
- Money is an intensely emotional subject. Helping clients face the reality of their financial situation may evoke high anxiety. In the assessment phase, one of the counsellor's key roles is "panic control." Be prepared to continually reassure clients that there are always solutions as long as they are willing to explore options.

Talking about personal finances is something rarely done in our culture. We seldom discuss how much money we make, how much we owe, and so forth, with even those closest to us. Finances can be a difficult area for couples to openly discuss, even when gambling is not a problem.

Serious financial problems can make an already sensitive issue even more so.

As a counsellor, you must be completely comfortable discussing financial issues with clients. Be familiar with the content of the material presented in this section, and refer clients to a qualified debt counsellor when appropriate.

Work with the money management terms that best suit you and your clients. The following terms may be used interchangeably: debt management, money management, spending plan, budgeting, financial program and financial plan. Use terms that help you and your client feel positive and confident about embarking on a new program for managing personal finances.

Financial Assessment Package

Although it is tempting to seek quick answers to resolve an immediate financial crisis, always keep in mind there is no quick resolution. It often takes years to reach the stage of financial crisis, and the process of resolving the crisis will take time. The first step is to get a clear picture of the overall financial situation.

The Financial Assessment Package is designed to help clients get a clear picture of their financial situation. The Financial Assessment Package consists of four parts:

- Budget Summary
- Asset Summary
- Income Summary
- Creditor Summary

All four parts of the assessment package must be completed as honestly as possible. All debts must be listed, including all consumer debts (such as loans and credit cards) and all other personal debts (such as money owed to family and friends, regardless of the amount). A small amount owing to a family member may seem unimportant, but the feelings of guilt or embarrassment the gambler may experience facing that relative later makes this debt equally as important as a debt owed to a bank or finance company.

The purpose of the Financial Assessment Package is two-fold: to get a clear picture of who money is owed to; and to help get to the "bottom line" for each client. The Bottom Line is the amount of money left over at the end of the month after basic living expenses are paid. This is the amount available to put toward debt repayment. The debt management plan is based on the Bottom Line.

"John Doe" Case Scenario

The following is the background for "John Doe:"

John is married to Jane and they have two children, ages 14 and 11. Both John and Jane are working full time. John's gambling got out of control two years ago and over this time he has gotten heavily into debt. Jane does not fully know how much John owes, but phone calls from bill collectors have given her an idea that the problem is severe. Jane has given John a choice—he either gets help and quits gambling, or she will leave and take the kids with her.

John has come to this treatment program because he doesn't want to lose his wife and kids. His job is also on the line—his gambling has started to cause problems at work, too. John does not know what to do about his debts, but feels they are totally unmanageable. He has now completed the Financial Assessment Package and for the first time is having an honest look at his entire financial picture.

John has talked with Jane and she agreed that he could include her income when putting together a Financial Management Plan. However, Jane stipulated that she will manage all the finances until she feels she can trust him with money. John has agreed to sit down with a counsellor and Jane to go over the financial plan he works out in treatment.

Consider the following points for discussion as you go through John Doe's summary:

Budget Summary

The first step in developing a Debt Management Plan is to get a clear picture of how much it costs to live each month.

Consider the following points for discussion as you go through John Doe's Budget Summary:

- There are two types of expenses—monthly and irregular/annual.
- Monthly Expenses are expenses that occur each month. Some are set amounts that don't change (such as rent or mortgage payments), while others may vary from month to month. Clients may not know for sure how much they spend on some expenses. For example, they may not be sure how much they spend on groceries or entertainment. Have them write their "best guess" as to what they spend on average in any month.

- To help clients obtain a realistic picture of their entertainment expenditures, have them calculate the cost and frequency of typical weekly purchases (e.g. attending a movie, renting videos, eating out, purchasing coffee, tobacco, and alcohol). Have them multiply this figure by 4, which gives the monthly amount. The result frequently shocks people when they see how much they spend on incidental entertainment expenses.
- Irregular/Annual Expenses are expenses that come up once, or occasionally, over the year, such as insurance and taxes. Again, some are set amounts and other amounts will vary.
- Do not include expenses more than once. For example, if vehicle insurance is paid monthly, it would be noted under Monthly Expenses and vehicle insurance under Irregular Expenses would be left blank.
- If Income Tax is deducted directly from the paycheck, do not include it as an expense.
- Note that no creditor payments are included on this form. The purpose of the Budget Summary is to determine monthly living costs BEFORE any debt payments.
- Irregular/Annual Expenses are added, then divided by 12, to determine average expenses per month. Many people develop a debt management plan based on Monthly Expenses alone. The plan then falls apart when insurance comes due, the vehicle needs repairs, or Christmas arrives. For a debt management plan to work, the monthly amount of the Irregular/Annual Expenses must be set aside each month to cover these costs as they occur.
- The Bottom Line is calculated as follows :
$$\begin{aligned} &\text{Total Monthly Income} \\ &- \text{Total Monthly Living Cost (from Budget Summary)} \\ &= \text{Bottom Line} \end{aligned}$$
- The Bottom Line is the amount of money left over at the end of the month. This amount will be used to develop the Debt Management Plan.

Asset Summary

- Assets (goods or property that are owned) will play a role in any Financial Management Plan. Clients may have assets that they can sell to help pay off debts. They may also have assets that their creditors may be entitled to repossess if they are behind in their payments. Make sure all assets are included in this section.
- The *value* of each asset is the amount of money one would get if the asset were sold. Do not use the price paid for the asset or what it would cost to replace it. For example, John Doe may have paid \$1,200 for his living room furniture but if he sold it at an auction sale he would only get \$200. That means the *value* of that furniture is \$200.

Income Summary

- An accurate assessment of monthly income is another important step in working out a plan to deal with debts. Use only income that can be relied upon each month. If current income may change soon (e.g. unemployment insurance running out), this factor needs to be considered in the plan.
- Gamblers may want to use personal income only. But if they have a partner, they can consider using combined household income. This decision is based on various factors. Does the couple pool their money, or are finances separate? Is the partner willing to include his or her income in the gambler's Financial Management Plan?

Creditor Summary

The last step in developing a Debt Management Plan is to get the full picture of how much money is owed. The following definitions are important:

Creditor: the person, or institution, to whom money is owed.

Months in Arrears: the total number of months in which payments have been missed.

Security: anything of value (an asset) that was promised to the creditor when the money was borrowed.

Co-signor: a person who agrees to be equally responsible for the debt.

Consider the following points for discussion as you go through John Doe's Creditor Summary sheet:

- DO NOT ANSWER ANY QUESTIONS THAT ARE LEGAL IN NATURE. It is very easy to misguide a client unless you have actually reviewed the credit contract, have an actual payment record, and have a full understanding of the legal rights of the various types of creditors.
- If there is not enough room on the form for the client to list all debts, have them add a page. All debts must be included in the final total.
- The number of months a person is behind in payments is very important. Creditors are generally more lenient up to the 90 days-in-arrears point. Once three payments have been missed, many creditors automatically pass the debt over to their collection department or to a collection agency. At this point, collection efforts increase and so does the pressure. Also, the creditor will be less open to negotiating.
- It is important to consider whether or not the creditor has security or if someone else co-signed the loan. Generally if a loan is secured and the person falls behind in the payments, the creditor can have the security seized. For example, if a car was used as security and one or more payments have been missed, the creditor can have the car seized. If someone else co-signed the loan, the creditor can go to that person and demand full payment of the amount owing.
- Do *not* include mortgage payments unless the person is behind in the payments. Write down mortgage arrears under "Other." Mortgages are looked at differently—people have to live somewhere and must pay either rent or mortgage payment.
- There are different types of credit contracts, which give the creditor different rights. Also, some creditors have more rights than others. To find out more about what different creditors can or cannot do, have the client seek professional advice.
- Clients may want to double-check their adding on all three pages with a calculator.

Note: Financial Assessment Package which includes the Debt Management Plan form, can be ordered from AADAC's Resource Development Unit:
10909 Jasper Avenue, Edmonton AB T5J 3M9.
Phone: (780) 422-7319 or e-mail: rdm@aadac.ab.ca

Debt Management Strategies

Problem gambling clients are often in serious financial trouble and may feel overwhelmed by their situation. The feelings of guilt and shame associated with their financial losses can be great. Dealing with these feelings is an important part of their recovery.

First, it is helpful for clients to realize that there are solutions to their seemingly impossible financial predicament. Second, it is important to help them understand how their financial decisions have affected their relationships and how to rebuild these relationships.

By the time problem gamblers seek treatment, they have likely exhausted all avenues of financial support from those around them. Family members may have bailed them out on one or more occasions. A spouse may have no idea as to the extent of the accumulated debt load, or may be legally implicated in the financial problem (e.g. if they co-signed any credit contracts).

Problem gamblers, in their attempts to cope with an ever-approaching financial crisis, may resort to illegal means to "keep the wolves from the door." It is not uncommon for a problem gambler to have forged a spouse's signature on a credit contract or to have taken money from an employer. The client must identify and deal with these issues.

Debt management strategies must not be a "bail-out" for the problem gambler. During treatment, clients must acknowledge and accept responsibility for their behaviour, including dealing with their financial difficulty. A common characteristic of problem gamblers is to find the "quick fix." Their impulsive nature and their hopes or magical beliefs ("something will happen") make it difficult for them to take time to examine difficult financial situations. Financial recovery requires careful planning, responsible behaviour, discipline, and time. A structured life, particularly a structured financial life, is a challenge for many problem gamblers.

Overwhelming feelings of stress, fear, guilt and shame put problem gamblers at high risk for suicide. They may see their financial issues as impossible to resolve, resulting in feelings of despair. The purpose of treatment is not only to help clients get a clear picture of their financial situation, but to also provide hope by demonstrating that no matter how bleak the financial picture appears, the problem can be resolved.

Financial Options

Not all options will be available to every client, or are even recommended, based on the individual's current situation. Some clients may "have more month than money"—meaning that their "Bottom Line" is negative. Financial management options become limited when income is insufficient to cover basic living costs.

Reassess the "Bottom Line"

The first step for clients is to reassess their bottom line. People in financial difficulty often pay bills first and try to live on what is left. When there is not enough money left to get by on, it is very easy to turn to credit. By using credit cards over the month to cover basic living costs (e.g. charging groceries or gas), they end up even further in debt. This cycle must be broken. The way to break this cycle is to cover basic living costs first and to STOP using credit.

Maintain Payments by Increasing Income and/or Decreasing Expenses

Increasing Income

Help clients brainstorm ideas for increasing income (e.g. taking in a boarder, upgrading education, getting a second job) and assess the reality of following through. The negative consequences of any strategy must be considered as well (e.g. impact on family relationships, personal health, or the primary job, or the risk of relapse due to high stress).

Decreasing Expenses

Every expense in the Budget Summary should be questioned: Is this expense still important? Can it be reduced in any way? Can I realistically do without it? Can I accept the consequences of my decision?

Remind clients to consider how long their expenses will have to remain at a reduced level. It may be two or three years before the debts are eliminated. Dramatic reductions may be possible for a few months, but it is important to be realistic about expense reductions before using them as a basis for a long-term debt reduction program.

Sell Unsecured Assets

From the list of assets on the Asset Summary, clients can consider what assets could possibly be sold. Perhaps there is a cash value of a life insurance policy, a second vehicle

they can manage without, or a stamp collection of some value. Caution clients to sell only unsecured assets, as selling assets pledged as security or collateral for a loan is illegal.

The advantage of this option is that it may allow clients to catch up on overdue bills or pay down one debt to increase cash available for other debts.

The disadvantage of this option is that there may be few or no assets to sell.

Refinance Loans Over a Longer Period of Time

Installment loans can sometimes be renegotiated over a longer payment term to reduce the monthly payments.

The advantages of this option are:

- it gives clients some time to stabilize their budgets,
- it may allow adequate payment ability for a debt resolution plan.

The disadvantages of this option are:

- it will cost more in interest because the client is paying over a longer term,
- it will take longer to get out of debt, thus tying up future income, creditors may increase the interest rate on the debt, increasing the total cost, it requires good collateral to renegotiate.

Consolidate Loans

A consolidation loan is a large loan taken out to pay off all the debts. There is one monthly payment to manage instead of several smaller ones.

The advantages of this option are:

- the interest rate may be much lower than the rates of existing debts (e.g. consolidating credit cards under a bank loan),
- there is only one monthly payment instead of several payments,
- this one monthly payment may be lower than the other payments combined, making it more manageable.

The disadvantages of this option are:

- it may require a co-signer,
- the interest rate may be higher than the rate of existing debts, (e.g. loan through finance companies may be much higher than a bank loan),
- it may convert unsecured debt (e.g. credit cards) to debt which is secured by precious assets (e.g. the family home),
- unless the person stops using all credit, new debts may be added to the consolidation loan. This can lead to a second or third consolidation loan and then to bankruptcy.

Borrow From Family or Friends

This option is generally *not* recommended for people with a history of problem gambling. "Bail-outs" must be avoided and the gambler must accept responsibility for his or her debts.

The disadvantages of this option are:

- may be a "bail-out"—an easy way to avoid the consequences of problem gambling,
- there may be unstated "strings" or expectations attached,
- can have negative effect on relationships.

Negotiate a Settlement With Creditors

For clients who are unlikely to ever be able to repay the full amount of their debts, creditors may agree to settle for an immediate repayment of a reduced amount. This strategy may work if the problem gambler is on long-term disability or is chronically unemployed. The problem gambler would need to be able to obtain a lump sum of money to offer as a settlement amount (e.g. from the sale of assets). In some areas, there are government or non-profit programs that will help negotiate a settlement.

The disadvantages of this option are:

- it may be a bail-out and allow the problem gambler to escape consequences,
- it requires a lump sum of money that may not be available,

- it requires cooperative creditors (they don't have to agree to the settlement proposal),
- it is only a realistic possibility for clients with no repayment ability in the foreseeable future.

Negotiate a Repayment Plan

Clients and creditors may be able to negotiate a repayment plan. The plan must be realistic. As with any repayment plan, it must be one that can be lived with for the period of time it will take to pay off the debts. It is unlikely that creditors will settle for any plan longer than 1 to 2 years. The amount they get monthly must cover the interest and some of the principal. Creditors must be paid fairly, which means that each creditor gets a fair share of the payment on a pro-rated basis.

The negotiation begins with a written proposal to the creditors. The letter should explain the situation, list all assets and debts, show income and expenses and monthly ability to pay, and outline the proposed amount to be paid to each creditor. The first payment can be included, as well as the creditor's cut-up credit card, if applicable.

The advantages of this option are:

- can work if the original full monthly payments are more than the client can realistically manage.

The disadvantages of this option are:

- this is an informal plan so does not offer any legal protection from creditors,
- requires the cooperation of all creditors to work—creditors are unlikely to agree if promises have been broken in the past,
- requires a workable, realistic budget.

Orderly Payment of Debt (OPD)

Orderly Payment of Debt (OPD) is a court administered debt repayment plan. It allows repayment of the full amount of all debts at a reduced rate of interest. The court grants a Consolidation Order, which prevents creditors from court action against the debtor. OPD payments are paid monthly and the program pays the creditors on a pro rata basis. In Alberta, this program is available through Credit Counselling Services of Alberta. To be eligible, a person has to be able to repay his or her debts in approximately three years. While on the program, borrowing any more money or using any credit is not allowed.

The advantages of this option are:

- one fixed payment is made each month,
- the interest rate on all debts is reduced and set by the court,
- creditors do not have to agree with the program—once the Consolidation Order is granted they have no choice but to participate (there are some exceptions),
- the person is protected from further court action by those creditors covered under the Consolidation Order.

The disadvantages of this option are:

- all credit cards must be returned and the client is not to incur further debt while on OPD,
- full payments on secured loans, (e.g. car loans) generally have to be paid outside the consolidation order or the creditor will seize the security,
- co-signers are still fully responsible for the debt,
- if 3 payments are missed, the creditors can be granted a judgment without having to sue. They can then seize unsecured assets or garnishee wages/bank accounts.
- debts such as mortgage arrears, rent or utility arrears on current residence, court fines, child support arrears and debt incurred by fraud cannot be included.

Consumer Proposal

Consumer proposals are a flexible debt repayment option under the Bankruptcy and Insolvency Act. Clients and proposal administrators (in Alberta, these are bankruptcy trustees) develop a workable plan for repayment of all or part of the person's debts within 5 years.

The advantage of this option is that it provides an alternative to bankruptcy.

The disadvantages of this option are:

- creditors do not have to agree to the proposal,
- debts such as mortgage arrears, rent or utility arrears on current residence, court fines, child support arrears and debt incurred by fraud can not be included.

Bankruptcy

This strategy is the last resort for over-indebted clients. If clients are unable to develop a realistic plan to resolve their debts using suggested alternatives previously listed (Financial Options), and if the debts are creating severe problems with work, health, or family life, this may be an option. Suggest the client call their local credit counselling agency to help them determine if there are any other possible solutions to resolve the debt problem.

For some problem gamblers, bankruptcy can be just another "bail-out" and can prolong gambling activity. Gambler's Anonymous recommends that bankruptcy never be considered as an option to resolve debt problems. However, for a few problem gamblers, there may be no other choice.

Where to Get Help

Suggest clients get professional help to work out a Debt Management Plan if:

- they have no money left over at the end of the month to put towards debts (i.e., their "Bottom Line" is \$0 or a negative number);
- they are three or more months behind on any credit payment;
- any of their creditors have threatened, or have started, legal action against them;
- they need help in assessing their finances or in deciding what is the best course of action;
- if they are considering Orderly Payment of Debts, Consumer Proposal, or Bankruptcy as an option.

Most provinces/states offer debt counselling through non-profit organizations. In Alberta, free professional help can be obtained at Credit Counselling Services of Alberta. Credit Counselling Services of Alberta is a non-profit organization that provides confidential debt counselling, information on debt management options, information on the client's rights and obligations under credit contracts, rights of creditors, administration of the Orderly Payment of Debts program, and information/referral on bankruptcy.

There are other organizations and individuals who offer debt counselling. Most charge a fee for their service. There are no regulations regarding qualifications or who can call themselves debt counsellors, financial advisors, and so forth. Encourage caution. Check to see if service providers are selling a product, which may bias their counselling.

If they are connected to a bankruptcy trustee, their advice may be biased toward bankruptcy. There is generally a difference between those that call themselves financial planners and those who call themselves financial or debt counsellors. Financial planners assist clients whose goals are primarily centered on wealth accumulation; financial counsellors may have more skills to assist clients in financial crisis or with financial skill building.

Clients should be encouraged to seek legal advice when appropriate (e.g. if in arrears on mortgage, or situations of illegal activity). In Alberta, free legal advice can be obtained through the Law Society of Alberta Lawyer Referral Service/Dial-A-Law. They offer a phone service with audio tapes that address a wide range of legal issues and transcripts can be requested. This service will also provide the names of three lawyers in the client's area who can be contacted for 30 minutes of free legal advice. The phone number for this service is: 1-800-661-9003.

Clients should be wary of anybody offering a "quick fix." It could turn out to be a high interest loan that demands security such as the family home. Also, be cautious if somebody is asking for a great deal of money up front for whatever service being offered. Encourage clients to not rush into a decision—they could end up further in debt without resolving their debt problem.

Involving Family Members in Financial Planning

If clients are in a committed relationship, it is important to understand the role their partner will play in the Debt Management Plan. Clients must be honest with their partners and fully disclose their financial situation. Ideally, the partner will be involved throughout the process of examining financial strategies, developing a Debt Management Plan, and implementing and evaluating the plan.

Involving the partner will require a careful balance between financial involvement and detachment. Clients need to be able to talk openly about their financial situation with their partners, but they also need to be fully responsible for all the debts they incurred.

If the partner has been deceived, misled or financially disadvantaged as a result of gambling, there will be issues of trust. During recovery, the partner will need to feel (and *be*) protected financially. The client will need the opportunity to rebuild financial skills and trust.

The partner's personal protection begins with one absolute—no more financial bail-outs or enabling if the gambling resumes. That includes no more covering up,

rescuing, threatening, or taking on the gambler's responsibilities. In addition, the partner may want to take charge of most (or all) of the family income and expenses. This can be of great value in early recovery.

Separation of the gambler's financial affairs from their partner is recommended, at least early on in recovery. If they haven't already done so, the couple should set up separate bank accounts and credit accounts. They need to confirm who will pay what bills.

As recovery progresses, both the client and their partner must begin the gradual process of rebuilding the family financial balance. This means that the gambler must gradually take on increasing financial responsibilities as money management skills are relearned. Unlike substance addiction, it is not possible to completely abstain from money.

Client Materials

The following worksheets are included in this section:

- 5.1 Financial Assessment Package,
John Doe Case Study 5.1.A, B, C & D.
- 5.2 Financial Assessment Package - Blank
- 5.3 Debt Management Strategies
- 5.4 When and Where to Get Professional
Financial Help
- 5.5 Debt Management Checklist
- 5.6 Debt Management Plan - John Doe Case Study
- 5.7 Debt Management Plan - Blank

Worksheets

Financial Assessment Package

name *John Doe*

date completed

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Financial Assessment: Budget Summary

#1

REGULAR MONTHLY EXPENSES <i>expenses paid each month - estimate cost per month</i>		IRREGULAR/ANNUAL EXPENSES <i>annual or irregular expenses - estimate cost per year</i>	
HOUSING		CLOTHING (per family member)	
RENT / MORTGAGE	700	A) John	400
PROPERTY TAX / CONDO FEES		B) Jane	400
UTILITIES		C) Son	400
POWER	80	D) Daughter	400
HEAT (GAS)	60	INSURANCE (if not paid monthly)	
WATER / SEWER	60	VEHICLE	
TELEPHONE	60	HOME	240
CABLE	30	HEALTH CARE / BLUE CROSS	
FOOD		LIFE	300
GROCERIES	400	TAXES (if not paid monthly or included in mortgage/taken off cheque)	
EATING OUT	40	PROPERTY	1400
TRANSPORTATION		REVENUE CANADA	
GAS	100	MEDICAL	
PARKING		PRESCRIPTIONS	200
BUS / TAXI		DENTAL	500
INSURANCE (if paid monthly)		OPTICAL	
VEHICLE	100	EDUCATION	
HOME		SCHOOL FEES / TUITION	100
HEALTH CARE / BLUE CROSS		BOOKS / SUPPLIES	100
LIFE		MAINTENANCE	
RECREATION		VEHICLE	500
ENTERTAINMENT	100	HOME	100
SPORTS / HOBBIES		LICENSES	
BABYSITTING		VEHICLE	90
PERSONAL ALLOWANCES		OTHER	
GROOMING	25	TRAVEL	
ALCOHOL	50	ANNUAL VACATION	300
CIGARETTES	100	OTHER TRAVEL	
MISCELLANEOUS		FEE	90
CHILD SUPPORT		EQUIPMENT	
CHILD CARE		CHILDREN'S PROGRAMS / CAMPS	
NEWSPAPER	15	GIFTS	
BANK SERVICE CHARGES		CHRISTMAS	450
OTHER		BIRTHDAYS / ANNIVERSARIES	200
OTHER		OTHER	
TOTAL MONTHLY EXPENSES	TOTAL A \$ 1920	TOTAL (IRREGULAR EXPENSES)	6130
		DIVIDE BY 12	+12
		TOTAL B	\$ 510

TOTAL COST OF LIVING PER MONTH

(TOTAL A + TOTAL B)

\$ 2430

Financial Assessment: Asset Summary

#2

DEFINITIONS: **ASSETS** = GOODS OR PROPERTY THAT YOU OWN THAT HAVE VALUE IF YOU WERE TO SELL THEM
VALUE = THE AMOUNT OF MONEY YOU WOULD GET IF YOU SOLD THE ASSET

Assets

List all of the assets that are in your name, or assets that you own jointly with another person, and their value.

ASSETS	VALUE
REAL ESTATE (other than your primary residence)	
VEHICLE 1993 Honda Civic	7,000
VEHICLE 1983 half ton	2,000
RECREATIONAL VEHICLE (e.g. boat, trailer, camper, quad, snowmobile)	
HOUSEHOLD GOODS (e.g. furniture, stereo, computer, appliances)	4,000
CASH IN THE BANK (e.g. savings, chequing)	
CANADA SAVINGS BONDS	1,000
LIFE INSURANCE - CASH VALUE	
RRSP INVESTMENTS	
OTHER INVESTMENTS (e.g. GICs, stocks, bonds, mutual funds)	
OTHER ASSETS (e.g. jewelry, art)	
TOTAL ASSET VALUE	\$ 14,000
HOME EQUITY	
TOTAL VALUE OF HOME	120,000
- TOTAL MORTGAGE(S)	91,000
= EQUITY	\$ 29,000

Financial Assessment: Income Summary

#3

Income

You may want to include your partner's income if living together, or you may choose to list only your own income.

MONTHLY INCOME	SELF	PARTNER
TAKE-HOME PAY / FULL TIME	1700	900
TAKE-HOME PAY / PART TIME		
EMPLOYMENT INSURANCE (E.I.)		
CHILD TAX CREDIT		130
CHILD SUPPORT		
OTHER MONTHLY INCOME (e.g. pension)		
TOTAL INCOME	\$ 1700	+ \$ 1030
TOTAL MONTHLY INCOME (ADD SELF & PARTNER TOTALS)	\$ 2,730	

TOTAL MONTHLY INCOME

SUBTRACT TOTAL COST OF LIVING

YOUR BOTTOM LINE

THE AMOUNT LEFT OVER AFTER BASIC LIVING COSTS HAVE BEEN PAID

\$ 2,730
- \$ 2,430
\$ 300

Financial Assessment: Creditor Summary

#4

DEFINITIONS: CREDITOR = SOMEONE YOU OWE MONEY TO

MONTHS IN ARREARS = THE TOTAL NUMBER OF MONTHLY PAYMENTS THAT HAVE BEEN MISSED

SECURITY = ANYTHING OF VALUE (AN ASSET) THAT YOU PROMISED TO THE CREDITOR WHEN YOU BORROWED THE MONEY

CO-SIGNOR = A PERSON WHO AGREES TO BE EQUALLY RESPONSIBLE FOR THE DEBT

Credit

This section is your list of who you owe money to. Be sure to include ALL of your debts, including any that have been co-signed. Be as complete as you can - you may be surprised at the total.

CREDITOR	TOTAL OWING	MONTHLY PAYMENT	# OF MONTHS IN ARREARS	SECURITY/ CO-SIGNOR
----------	-------------	-----------------	------------------------	---------------------

LOANS (e.g. banks, finance companies, student loans)

	\$	\$		
CIBC	\$ 5,000	\$ 275	1	car
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

CREDIT CARDS

	\$	\$		
Mastercard	\$ 4,000	\$ 300	3	
Visa	\$ 2,500	\$ 200	2	joint-wife
Scotiabank	\$ 1,200	\$ 100	0	joint-wife
	\$	\$		

PERSONAL (e.g. friends, relatives, co-workers, employer)

	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

OTHER (e.g. NSF cheques, overdrafts, court fines, lawyers, rent/utility arrears, Revenue Canada, pawn shops)

	\$	\$		
	\$	\$		
NSF Cheque	\$ 300	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

TOTAL	\$ 1700	\$ 875		
--------------	----------------	---------------	--	--

HOME MORTGAGE

MORTGAGE HOLDER	TOTAL OWING	MONTHLY PAYMENT	# OF MONTHS IN ARREARS	CO-SIGNOR
Canada Trust	\$91,000	\$700	2	wife
	\$	\$		
	\$	\$		
	\$	\$		

Financial Assessment Package

name

date completed

©1999

Financial Assessment: Budget Summary

#1

REGULAR MONTHLY EXPENSES <i>expenses paid each month - estimate cost per month</i>		IRREGULAR/ANNUAL EXPENSES <i>annual or irregular expenses - estimate cost per year</i>	
HOUSING		CLOTHING (per family member)	
RENT / MORTGAGE		A) _____	
PROPERTY TAX / CONDO FEES		B) _____	
UTILITIES		C) _____	
POWER		D) _____	
HEAT (GAS)		INSURANCE (if not paid monthly)	
WATER / SEWER		VEHICLE	
TELEPHONE		HOME	
CABLE		HEALTH CARE / BLUE CROSS	
FOOD		LIFE	
GROCERIES		TAXES (if not paid monthly or included in mortgage/taken off cheque)	
EATING OUT		PROPERTY	
TRANSPORTATION		REVENUE CANADA	
GAS		MEDICAL	
PARKING		PRESCRIPTIONS	
BUS / TAXI		DENTAL	
INSURANCE (if paid monthly)		OPTICAL	
VEHICLE		EDUCATION	
HOME		SCHOOL FEES / TUITION	
HEALTH CARE / BLUE CROSS		BOOKS / SUPPLIES	
LIFE		MAINTENANCE	
RECREATION		VEHICLE	
ENTERTAINMENT		HOME	
SPORTS / HOBBIES		LICENSES	
BABYSITTING		VEHICLE	
PERSONAL ALLOWANCES		OTHER	
GROOMING		TRAVEL	
ALCOHOL		ANNUAL VACATION	
CIGARETTES		OTHER TRAVEL	
MISCELLANEOUS		FEES	
CHILD SUPPORT		EQUIPMENT	
CHILD CARE		CHILDREN'S PROGRAMS / CAMPS	
NEWSPAPER		GIFTS	
BANK SERVICE CHARGES		CHRISTMAS	
OTHER		BIRTHDAYS / ANNIVERSARIES	
OTHER		OTHER	
TOTAL MONTHLY EXPENSES	TOTAL A \$	TOTAL (IRREGULAR EXPENSES)	
		DIVIDE BY 12	÷12

TOTAL COST OF LIVING PER MONTH

(TOTAL A + TOTAL B)

\$

Financial Assessment: Asset Summary

#2

DEFINITIONS: **ASSETS** = GOODS OR PROPERTY THAT YOU OWN THAT HAVE VALUE IF YOU WERE TO SELL THEM
VALUE = THE AMOUNT OF MONEY YOU WOULD GET IF YOU SOLD THE ASSET

Assets

ASSETS	VALUE
REAL ESTATE (other than your primary residence)	
VEHICLE	
VEHICLE	
RECREATIONAL VEHICLE (e.g. boat, trailer, camper, quad, snowmobile)	
HOUSEHOLD GOODS (e.g. furniture, stereo, computer, appliances)	
CASH IN THE BANK (e.g. savings, chequing)	
CANADA SAVINGS BONDS	
LIFE INSURANCE - CASH VALUE	
RRSP INVESTMENTS	
OTHER INVESTMENTS (e.g. GICs, stocks, bonds, mutual funds)	
OTHER ASSETS (e.g. jewelry, art)	
TOTAL ASSET VALUE	\$
HOME EQUITY	
TOTAL VALUE OF HOME	
- TOTAL MORTGAGE(S)	
= EQUITY	\$

This section will help you determine what value (equity) you have in your home (primary residence). Subtract your total mortgage (first and second mortgages) from the value of your home.

Financial Assessment: Income Summary

#3

Income

MONTHLY INCOME	SELF	PARTNER
TAKE-HOME PAY / FULL TIME		
TAKE-HOME PAY / PART TIME		
EMPLOYMENT INSURANCE (E.I.)		
CHILD TAX CREDIT		
CHILD SUPPORT		
OTHER MONTHLY INCOME (e.g. pension)		
TOTAL INCOME	\$	+
TOTAL MONTHLY INCOME (ADD SELF & PARTNER TOTALS)	\$	

TOTAL MONTHLY INCOME

SUBTRACT TOTAL COST OF LIVING

YOUR BOTTOM LINE

THE AMOUNT LEFT OVER
AFTER BASIC LIVING COSTS
HAVE BEEN PAID

\$
- \$
\$

Financial Assessment: Creditor Summary

#4

DEFINITIONS: CREDITOR = SOMEONE YOU OWE MONEY TO

MONTHS IN ARREARS = THE TOTAL NUMBER OF MONTHLY PAYMENTS THAT HAVE BEEN MISSED

SECURITY = ANYTHING OF VALUE (AN ASSET) THAT YOU PROMISED TO THE CREDITOR WHEN YOU BORROWED THE MONEY

CO-SIGNOR = A PERSON WHO AGREES TO BE EQUALLY RESPONSIBLE FOR THE DEBT

Credit

This section is your list of who you owe money to. Be sure to include ALL of your debts, including any that have been co-signed. Be as complete as you can - you may be surprised at the total.

CREDITOR	TOTAL OWING	MONTHLY PAYMENT	# OF MONTHS IN ARREARS	SECURITY/ CO-SIGNOR
LOANS (e.g. banks, finance companies, student loans)				
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
CREDIT CARDS				
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
PERSONAL (e.g. friends, relatives, co-workers, employer)				
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
OTHER (e.g. NSF cheques, overdrafts, court fines, lawyers, rent/utility arrears, Revenue Canada, pawn shops)				
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
TOTAL	\$	\$		

HOME MORTGAGE

MORTGAGE HOLDER	TOTAL OWING	MONTHLY PAYMENT	# OF MONTHS IN ARREARS	CO-SIGNOR
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

Debt Management Strategies

Which of the following debt management strategies might be possible to help resolve your financial difficulties? Place a check mark beside the ones that you should consider further.

- ☐ Reassess your "Bottom Line"
- ☐ Maintain Payments By
- ☐ Increasing Income
- ☐ Decreasing Expenses
- ☐ Sell Unsecured Assets
- ☐ Refinance Loans Over a Longer Period of Time
- ☐ Consolidation Loan
- ☐ Borrow from Family/Friends
- ☐ Negotiate a Settlement with Creditors
- ☐ Negotiate a Repayment Plan
- ☐ Orderly Payment of Debts (OPD) Program
- ☐ Consumer Proposal
- ☐ Bankruptcy

Consider getting professional help if any of the following statements apply to you.

- You have no money left over at the end of the month to put towards debts (if your "Bottom Line" is \$0 or a negative number)
- You are 3 or more months behind on any credit payment
- Any of your creditors are threatening, or have started, legal action against you
- You need help in assessing your finances or in deciding what is your best course of action
- If you are considering Orderly Payment of Debts, Consumer Proposal, or Bankruptcy as an option.

Write the name, address and phone numbers of any individuals or organizations that could help you.

Debt Management Checklist

Complete this checklist to find out if you are heading for financial trouble.
Answer the questions as they apply to the last 12 months.

- | | |
|--|---|
| 1. Have you missed any of your monthly credit payments?
yes <input type="checkbox"/> no <input type="checkbox"/> | 9. Do you worry about money and your debts?
yes <input type="checkbox"/> no <input type="checkbox"/> |
| 2. Are any of your credit cards near or over the limit?
yes <input type="checkbox"/> no <input type="checkbox"/> | 10. Are any of your creditors threatening legal action against you (e.g. threatening to sue you, garnishee your wages, seize your car)?
yes <input type="checkbox"/> no <input type="checkbox"/> |
| 3. Are you using credit cards to pay for daily needs (food, gas, clothing)?
yes <input type="checkbox"/> no <input type="checkbox"/> | 11. Are you getting phone calls or letters from collectors about overdue payments?
yes <input type="checkbox"/> no <input type="checkbox"/> |
| 4. Are you using your bank overdraft for day-to-day living?
yes <input type="checkbox"/> no <input type="checkbox"/> | 12. Do you and your spouse argue about your debts/financial situation?
yes <input type="checkbox"/> no <input type="checkbox"/> |
| 5. Are you getting behind in your rent/mortgage or utility payments because you are trying to keep up with your credit payments?
yes <input type="checkbox"/> no <input type="checkbox"/> | |
| 6. Have you used one credit card to pay off another?
yes <input type="checkbox"/> no <input type="checkbox"/> | |
| 7. Have you been borrowing money from family or friends to get by?
yes <input type="checkbox"/> no <input type="checkbox"/> | |
| 8. Have you been refused credit because of your credit rating?
yes <input type="checkbox"/> no <input type="checkbox"/> | |

Answering YES...

... to any of the above questions may mean that you need to take steps to prevent or solve financial problems.

Take charge by:

- decreasing your expenses
- increasing your income
- talking to a debt management counsellor to explore options (e.g. Credit Counselling Services of Alberta)
- dealing with any underlying problems (e.g. get marriage counselling or counselling for problems with alcohol, drugs or gambling)

Debt Management Plan

The following are the most critical financial issues I need to address:

1. I am worried my wife will leave because of our financial problems.

2. The bank might foreclose on my house because I am behind in my payments.

3. I might lose the car because I am behind in my payments.

4. I feel bad about the money I owe my parents because they need it.

The following are the steps I will take to address these financial problems and the date I will have the steps completed by:

1. I will talk to Jane and honestly discuss where things are at and what I plan to do about the debts

date to be completed by: next week
2. I will cash my Canada Savings Bond and put this money towards the mortgage arrears.

date to be completed by: friday
3. I will contact Credit Counselling Services to get more help to deal with my debts.

date to be completed by: next week
4. I will talk to my parents about how I feel about the money I owe them and what I'm going to do.

date to be completed by: two weeks

Debt Management Plan

The following are the most critical financial issues I need to address:

1. _____

2. _____

3. _____

4. _____

The following are the steps I will take to address these financial problems and the date I will have the steps completed by:

1. _____

_____ date to be completed by: _____
2. _____

_____ date to be completed by: _____
3. _____

_____ date to be completed by: _____
4. _____

_____ date to be completed by: _____

Module 6

Negative and Irrational Thinking

Contents Negative and Irrational Thinking

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	Watch Your Language!	6.1
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	"Stinking" Thinking	6.3
	Dealing With Guilt	6.4
	What Can I Do About What I've Done?	6.5
	Irrational Thinking	6.6
	Irrational to Rational Thoughts Exercise	6.7

Module 6

Negative and Irrational Thinking

Overview

Contemporary views on treatment for problem gambling advocate the use of cognitive therapy. These techniques focus on negative thinking patterns and irrational or false beliefs which help to perpetuate problem gambling behaviour.

Cognitive therapy helps clients identify negative ways of thinking and to recognize how these result in poor self-esteem, worry, and depression, which may lead to, or contribute, to gambling. Given that depression is common among problem gamblers, such techniques are advisable. By correcting negative thinking patterns, self-esteem is enhanced, mood improves, and the need to escape from feelings through gambling is reduced.

Moreover, problem gamblers hold many false or irrational beliefs about gambling and the likelihood of winning. An important aspect of recovery involves helping clients recognize the irrationality of these beliefs and replacing them with realistic and accurate views.

Objectives

After completing this module, clients in the *Intensive Treatment Program for Problem Gamblers* will:

- recognize that negative thinking patterns can reduce self-esteem and lead to depression and self-defeating behaviours;
- use self-talk techniques to resist negative thinking and begin to activate more positive thinking;
- identify ways of dealing with guilt;
- identify irrational beliefs they have about gambling.

Time 4 hours

Two 2-hour sessions are recommended: 1) to explore negative thinking patterns and practise positive self-talk techniques, and 2) to discuss how to deal with feelings of guilt and to address irrational beliefs about gambling.

Strategy

Negative Thinking Patterns

Encourage participants to provide examples of negative thinking patterns based on their own experience. These include "Overgeneralization," where a person sees a single event as an ongoing pattern of defeat, and "All-or-nothing thinking," where a person considers anything less than perfect to be total failure. (For other examples, see *The Feeling Good Handbook* by David D. Burns.)

In an individual or group activity, have participants identify at least three negative messages. Discuss how these messages have affected their behaviours (particularly with regard to gambling behaviour) and how they have dealt with problems that have arisen as a result.

After the participants identify some negative thoughts about gambling, demonstrate how to "untwist" these thoughts. For example, with overgeneralization, have them list things they've done well. (See source reference, above.)

Self-Talk

Self-talk can be used negatively and positively. Lead a discussion of different types of self-talk. Encourage participants to give examples of the messages, "tapes" or programming that are part of their thinking patterns. Discuss how these thoughts influence the way they feel about themselves and/or how these messages have affected their self-esteem.

Discuss how positive, nurturing messages can be used to replace negative, critical self-talk.

In an individual or group activity, have participants develop at least three positive messages to substitute for the negative messages they identified in the previous activity.

Distribute the **WORKSHEET 6.1, *Watch Your Language!*** and note the homework questions. Also, you may wish to provide participants with copies of the **WORKSHEET 6.3, *"Stinking" Thinking***.

Dealing With Guilt

Many problem gamblers experience overwhelming guilt and are unable to "let go" of their past behaviour. Stolen money, unpaid loans, lies to family and friends, or other

transgressions often remain in the forefront of client's thoughts. This guilt often continues long after a client stops gambling.

Guilt is often accompanied by other feelings, such as anger, fear and resentment. These feelings can have a tremendous impact on the client, and may interfere with sleep, cause depression and contribute to illness.

Help clients differentiate between *guilt* and *remorse* and discuss how they can resolve some of the problems they have created in the past.

Definition of Guilt: it is the knowledge of having done something wrong. There may also be an element of acceptance of having done wrong. Another aspect is that others hold the person responsible for the behaviour—culpable.

Definition of Remorse: the focus here is not only on the knowledge and acceptance of having done wrong, but on to doing something about it. Remorse is making amends.

You may wish to use the **WORKSHEETS 6.4 and 6.5, *Dealing With Guilt* and *What Can I Do About What I've Done?*** to help clients examine this area further.

Irrational Beliefs About Gambling

There are important differences between games of chance and games of skill. Problem gamblers often forget or deny that the outcome of gambling is determined by chance. They develop an illusion of control, where they overestimate their probabilities of success and/or they believe in false cause-effect links between their actions and the outcome of the game.

Such erroneous beliefs help to sustain their gambling behaviour. Part of the treatment of problem gambling involves identifying these false beliefs, stating them and countering each with a factual statement.

Have clients complete the **WORKSHEETS 6.6 and 6.7, *Irrational Thinking* and *Irrational to Rational Thoughts Exercise***. When they are done, encourage participants to share their answers to the questions and discuss the irrational beliefs they continue to hold.

Another useful strategy is to have participants develop a set of cards that reflect the myths they hold about gambling. Have each client write a false belief about gambling on one side of an index card, and write its accompanying factual statement on the other side. These cards may be reviewed several times daily and may be useful for overcoming urges to gamble.

Background Information

Self-Talk

Beliefs about ourselves come from our perception of past experiences. For example, people who received a lot of criticism as a child often come to believe that they are not okay—not competent, smart, lovable, or worthy of compliments or attention from others. Such past experiences may cause the development of low self-esteem.

Even if they are no longer getting negative messages from others, people with low self-esteem tend to focus on their shortcomings. They tend to look for evidence to reinforce their usually negative beliefs about themselves. To change this negative thinking pattern, clients need to change their beliefs about themselves, recognizing the basic issue is not what happened in the past, but where they are today.

An important tool to use in changing these ways of thinking is learning how to use self-talk. Self-talk is a way of perpetuating beliefs about ourselves. It can work for or against a person. If self-esteem is low, self-talk is mostly critical. If high, self-talk is mostly nurturing.

Negative self-talk limits the options for a person. If a person feels inadequate or unworthy, they will likely behave as such. They can't behave like a winner if they tell themselves and believe they are not.

To increase self-esteem, people need to begin changing their self-talk and their negative beliefs about themselves. They need to become their own "nurturing parent" and learn how to start taking control over the messages they give to themselves.

What people think and feel will be based on their perception of the event and their beliefs about themselves:

Draw the participants attention to the Self-Awareness Wheel (Module 3: Worksheet 3.11)

- A. Event (no control)—can be positive or negative
- B. Thoughts and feelings (have control)—choice
- C. Behaviour.

People with low self-esteem tend to feel "not okay" much of the time and often don't realize that there is a choice (at point B).

Consider the following example: You receive a criticism, e.g. "You're lazy and always make mistakes." You have a choice of responses:

- Feel and think it's right, e.g. "I'm a failure." Behaviour: become depressed or anxious, make more mistakes, or give up, e.g. "Why try?"
- Feel angry, "That jerk doesn't know anything." Behaviour: Tell person off.
- Feel confused, "I'm human, I sometimes make mistakes." Behaviour: Ask for more information, i.e., "What do you mean?"

It is important people give themselves permission to stop and evaluate the situation. They do have a choice about how they think and feel and in turn, how they behave. What they say to themselves can make the difference between joy and pain.

Adapted from: *Celebrate Yourself: Enhancing Your Own Self-Esteem* (1977) by Dorothy Corkille Briggs.

Reprogramming Thinking

Leading behavioral researchers tell us that over 75% of what we think is negative. This type of thinking is counterproductive. It works against us.

Likewise, psychologists have proven conclusively that an individual becomes what he or she thinks about most. Success or failure, happiness or unhappiness and even abilities and skills depend on how well a person programs their mind for positive thinking.

How Programming Works

Programming is the information that is fed into a person's brains. This information comes from what others tell the person and what the person says when he/she talks to themselves. This is an essential theory to understand and accept.

Every waking moment, when people are not in conversation with someone else, they are talking to themselves. This self-talk is extremely influential in creating attitudes about everything in life. The brain literally believes it is told about who we are as a person, ones happiness, abilities, skills, and opportunities in life.

It is essential to recognize that, through mental programming, a person can control almost everything in their life, including health, career, personal relationships and their future. They are what they think about the most.

Understanding Programming

The information that is fed into the mind by others, or through their own self-talk, establishes what is believed. What is believed creates their attitude. Attitudes activate feelings. Feelings determine actions. And actions produce results.

- Programming establishes beliefs
- Beliefs create/contribute to attitudes
- Attitudes activate feelings
- Feelings determine actions
- Actions produce results

In order to change any results that are being explained, a person must reprogram their thinking. The first step is to make sure that negative self-talk is reduced or eliminated, and replaced by positive self-talk. This requires practise, support, and discipline.

Unfortunately much of the negative information received comes from significant people. This information is accepted without question, or evaluation and programmed into the mind. Even more importantly, negative programming results from approaching many situations in life with negative self-talk.

Essential Discipline

To change negative programming requires recognition of self-defeating thoughts, practise of positive self-talk, skills in dealing with criticism, encouragement from supportive people and turning off negative self-talk. Clients need to be made aware that this will take practise and time to change the programming. The more practise, the better the results.

Self-Talk is Important

Another important aspect of reprogramming thinking is the skill of positive self-talk. People need to learn to treat themselves well. We are the most important and influential friend we have. Negative thinking leads to negative self-talk and self-defeating behaviour. Positive thoughts lead to positive behaviour. Clients can practise to stop thinking negative by saying "I won't talk to myself that way, I deserve better!" Immediately turning the thought around to a positive expression.

Reprogramming

Reprogramming is to change the beliefs about oneself, so that the end results in positive actions. As a person's beliefs about themselves change, from a negative to positive, the attitudes and feelings also shift. This allows the person to approach situations with a positive approach, which is more likely to produce positive actions.

Garbage In, Garbage Out

Permission to allow "garbage" to be fed into the mind will likely bring about unhappiness, frustration, a lack of success, and a depressed attitude about life. Remind clients that there always remains a choice to program their thinking and carry out positive behaviour.

Letting Go of Guilt

Guilt can be overwhelming for the problem gambler. It doesn't seem to matter that other people are willing to look forward, problem gamblers are often "stuck" in their past behaviour. They may have stolen money, "borrowed" without repaying, lied to their spouse, children and friends, or behaved in other ways that seriously clash with their beliefs and values. Even after a client stops gambling, the guilt often continues.

Guilt is often accompanied by other feelings—usually anger, fear and resentment. These feelings can have a tremendous impact on the client, such as interfering with sleep and causing depression and sometimes illness.

A discussion on the differences between "guilt" and "remorse" may be helpful for many problem gamblers.

It may help them move beyond the history of their gambling behaviour into the future behaviour of who they want to become and what they can do from here on.

Remorse allows the problem gambler to move forward, and see recovery as a step in the right direction.

A client in a support group relays the following experience that helps differentiate the difference between guilt and remorse. One group member had said, "You can't be a compulsive gambler and be a good person." Another group member had responded quietly by saying, "You are not a bad person; your behaviour needs improvement though." Regretted behaviours have made up much of the problem gamblers past, now a rebuilding process begins.

The Gamblers Anonymous program can be helpful to clients in dealing with guilt and remorse. The following steps deal directly with this issue:

- Step 1: Admit I am powerless over gambling—that my life has become unmanageable.
- Step 4: Make a searching and fearless moral and financial inventory of myself.
- Step 5: Admit to myself and to another human being the exact nature of my wrongs.
- Step 8: Make a list of all persons I have harmed and became willing to make amends to them all.
- Step 9: Make direct amends to such people wherever possible, except when to do so would injure them or others.

Dealing with guilt and remorse is a long-term project. It may take many years to overcome lost friendships, hurt feelings and shameful memories. This may also be a time for spiritual development within the gambling client.

Client Materials

The following worksheets are included in this section:

- 6.1 Watch Your Language!
- 6.2 Homework
- 6.3 "Stinking" Thinking
- 6.4 Dealing With Guilt
- 6.5 What Can I Do About What I've Done?
- 6.6 Irrational Thinking
- 6.7 Irrational to Rational Thoughts Exercise.

Supplementary Information

The following articles/books are recommended reading:

- Beck, A.T., Wright, F.D., Newman, C.F., Liese, B.S.
(1993). *Cognitive Therapy Of Substance Abuse*.
New York: Guilford Press.
- Braiker, H. (1989, December). The power of self-talk.
Psychology Today, 24-27.
- Persons, J.B. (1989). *Cognitive Therapy in Practise:
A Case Formulation Approach*. New York:
Norton and Co.
- Burns, D.D. (1989) *The Feeling Good Handbook*.
William Morrow & Co., New York, NY.

Worksheets

Watch Your Language!

Watch out for...

- shoulds and can'ts
- unreasonable expectations (if, then)
- self-judgments

Chances are, you likely use each of these terms many times each day.

"Shoulds"

1. Listen to your self-talk. How much of it involves words such as the following?

Should, must, have to, can't, ought.

These words eliminate free choice.

Certainly, some "shoulds" are basic rules (e.g. abiding by the law). But others are not. Many "shoulds" can be destructive to your self-esteem, e.g. should have done better; should have thought of that.

2. Shoulds are tied to the expectations we have of ourselves.

If you expect yourself to be perfect, or to never make a mistake, you will always fall short of your expectations.

3. Switch to words like: want to, choose, prefer, wish, desire.

Keep your emphasis on choice and self-responsibility. Avoid being judgmental or critical.

Switch to more nurturing words.

"Can'ts"

1. Can't is commonly used, e.g. I can't quit smoking, I can't stand up for myself.

"Can't" makes us feel helpless and powerless.

The only true "can't" statements are about things which we are physically incapable of doing.

2. You can change most can't statements to "I won't" or "I choose not to." For example, "I just can't get down to work" (procrastination).

Choices have consequences we need to be aware of. There may be a price we choose not to pay.

Self-Judgments

1. Self-judgments are usually put downs. These are examples of judging yourself based on your behaviour:

Forgot to mail a bill—

"How could I be so stupid!"

Left car lights on—"What a dummy!"

Self-judgments keep your self-worth tied to behaviour – they make it conditional.

2. You need to start to react to your behaviour without insulting yourself or making your self-worth conditional on behaviour. For example, forgot to mail a bill—"I wish I hadn't;" left lights on—"What an inconvenience."

It is important to start separating your person from your behaviour, thoughts, and feelings. Behaviour may need changing, but you are not your behaviour.

React to behaviour rather than judge your person. Self-worth does not evaporate when we fall short. Being okay is not conditional (it's a given).

3. Watch out for *If—then traps*. For example, "If I look nice/am smart, etc.—then I have more value."

This type of thinking involves a judgment—it makes self-worth conditional.

You need to switch to nurturing words and allow choices. By doing this you

- make inner peace more likely
- give yourself permission to be human
- reprogram your tapes to work for you

But remember:

- change comes slowly
- you don't have to accept judgments from others
- you can choose your own reactions
- no one can control your inner reactions/choices
- don't judge yourself

Adapted from: Corkille Briggs, Dorothy (1977). Celebrate Yourself: Enhancing Your Own Self Esteem. New York: Doubleday

Homework

1. In the past week, describe three situations where you found yourself using self-limiting language or judgmental self-statements (e.g. should, can't, if-then). How can you change this?

2. List three expectations you place on yourself.

3. List three expectations others place on you.

4. How do you feel about these expectations? Are they realistic? If they are not realistic, what can you do to make the necessary changes?

"Stinking" Thinking

When we free ourselves of "stinking" thinking we can clearly see that greater health, happiness and good are possible. "Stinking" thinking never changed anyone's life for the better. Confident, positive thinking will be more helpful to you now!

Affirmations (positive statements about yourself) are the means to change the "stinking" thinking patterns of the past. Some examples you can use frequently during the day are:

- I am free of gambling today.
- I am a friendly loving person.
- I love myself the way I am.
- I am uniquely me.
- I am here! It is now! I am alive and I matter!
- I am capable of becoming whatever I want to be.
- I know I am okay.

The more these are repeated and spoken in a forceful voice, the faster they become part of your every day automatic self-talk. Try saying the affirmations to yourself in front of a mirror looking into your eyes—the results are fantastic and exciting!

Dealing With Guilt

"Twisted Thinking"

I am a horrible person and shouldn't be trusted.

My kids hate me and never want to see me again.

What Really Happened

I took money that should have been used for groceries and blew it on gambling.

The kids are very angry at how I've been acting. They need some distance right now.

A Constructive Viewpoint

At the time, I thought I would win back my money from the day before and come home with twice as many groceries.

Right now, I will respect their wishes for a time. I will not give up on these relationships though and believe we can overcome these problems together.

What Can I Do About What I've Done?

Who did I hurt and how was this done?

My employer. I took money from the till that I can't ever repay. He has since closed the business and left town.

How can I remedy the situation?

I will make some attempts to reach this person and arrange to pay back at least some of what I've taken. If I cannot find him, I know his son was treated for cystic fibrosis at the Children's Hospital. I will offer time and money to this cause.

Irrational Thinking

Read the following statements and check the ones that apply to you.

- ☐ Gambling is an important activity.
- ☐ Gambling is an easy way to earn money.
- ☐ Those who don't gamble are stupid, slow or scared.
- ☐ Dedicated gamblers are usually bright and creative.
- ☐ Gambling is healthy recreation.
- ☐ My gambling is under control.
- ☐ I don't have to quit, I can just cut down and limit my gambling.
- ☐ I can win it back.
- ☐ I'm smart, I have a system to beat the odds.
- ☐ People respect a heavy bettor.
- ☐ Someday, I'll score a really big win and quit with honour.
- ☐ Gambling will be the solution to my problems.
- ☐ Expensive presents will make up for past disappointments.
- ☐ Gambling makes me feel better.
- ☐ Money is my problem.
- ☐ Borrowing to gamble is O.K.
- ☐ Stealing to gamble isn't really stealing.
- ☐ I will pay it back later.
- ☐ The more money I have to gamble with, the better my chances of winning.
- ☐ Even if I only have a few bucks, I'm better off taking a shot.
- ☐ Somebody will be there to bail me out if things go wrong.
- ☐ If I only knew why I gamble, I could stop.
- ☐ Willpower is the answer.
- ☐ I always win.
- ☐ I'm a lucky person.
- ☐ I can't stop.
- ☐ Sometimes I think I am really two personalities.
- ☐ Suicide will solve my problem.
- ☐ I can't afford to pay for treatment or take time off from work to get help.
- ☐ I have to make as much money as I can, as quickly as I can.

Source: Julian I. Taber, Chief, Addictive Disorders Treatment Program,
Ioannis A. Lougaris V.A. Medical Center, Reno, Nevada. (Unpublished)

Irrational to Rational Thoughts Exercise

1. Identify 5 thoughts on the Irrational Thinking list that still seem to make sense to you, or you still struggle with. Circle them on the list.
2. List two things that are irrational or illogical about each of those thoughts. (If you cannot think of two by yourself, get help from someone else.)
3. Now write down a **rational** thought to replace each of the five irrational thoughts you listed above.

1st Irrational Thought

1. _____

2. _____

Rational Thought

1. _____

2. _____

2nd Irrational Thought

1. _____

2. _____

1. _____

2. _____

3rd Irrational Thought

1. _____

2. _____

1. _____

2. _____

4th Irrational Thought

1. _____

2. _____

1. _____

2. _____

5th Irrational Thought

1. _____

2. _____

1. _____

2. _____

Module 7

Substance Abuse and Mental Health Issues

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Module 7

Substance Abuse and Mental Health Issues

Overview

When gambling is a problem, substance abuse and/or a mental health condition may also be present. Although most clients will have been assessed for such problems prior to entering the treatment program, some may have not. As problem gambling ceases, it is not uncommon for other problems to emerge. Clients should be aware of the signs of these conditions and know where to go should they occur.

Objectives

After completing this module, clients in the *Intensive Treatment Program for Problem Gamblers* will:

- recognize that substance abuse and certain mental health problems are more common among problem gamblers than among the general population;
- consider whether they may be experiencing substance abuse and/or mental health problems;
- recognize that the skills they learn in this program can be used to deal with any addictive behaviour.

Time

2 hours

Strategy

Prevalence of Substance Abuse

Explain that a significant proportion of problem gamblers also have problems with alcohol and/or other drugs. Give relevant statistics.

Encourage participants to discuss their use of alcohol and/or drugs, both while they were gambling and since entering the *Intensive Treatment Program for Problem Gamblers*. Avoid confrontation, however, especially if some participants appear uncomfortable, distressed, or resistant to disclose their experience in this area.

Signs of Alcohol Abuse

Explain the signs of alcohol abuse and encourage discussion.

To conclude this discussion, you may want to distribute pamphlets on substance abuse or make them otherwise available for participants.

Mental Health Issues

Mental health problems or disorders are often associated with problem gambling. For many clients, abstinence from gambling and resolution of the problems associated with their gambling are sufficient for dealing with associated mental health issues, such as depression or anxiety. For others, however, referral to a mental health professional may be necessary.

Explain the psychological characteristics of gamblers. Explain the prevalence of various mental health disorders in gamblers and give definitions of each. Encourage discussion.

A *Self-Rating Scale for Depression (WORKSHEET 7.1)* is included at the end of this module. You may wish to have clients complete the questions in order to determine their level of depression.

Switching Addictive Behaviours

Clients may attend the *Intensive Treatment Program for Problem Gamblers* with only a gambling problem. During the course of treatment, they may increase their substance use. By doing so, they may be switching addictive behaviours, but are not aware of it. This is a good

time to focus on the similarities between addictive behaviours, and how the skills they have learned and will learn in this program can be effective in dealing with other potential addictive behaviours.

Resources

Review local referral resources for other addictions and mental health services in your area.

Background Information

Prevalence of Substance Abuse

An extensive survey conducted in Edmonton (Bland *et al*, 1993) revealed that problem gamblers were nearly four times more likely than non-gamblers to abuse or be dependent on alcohol or other drugs. It was found that 63% of pathological gamblers, in comparison with 15% of non-gamblers, at some time in their life had suffered from alcohol abuse or dependence. In comparison, about 23% of gamblers and 6% of non-gamblers suffered from some form of drug abuse or dependence.

Common estimates of substance abuse among problem gamblers are as follows:

- 50%—alcohol abuse
- 17%—drug abuse (other than alcohol)
- 7%—problems with all three (alcohol, gambling, drugs)
- For male problem gamblers, the ranking of abused substances is:
 - alcohol
 - cocaine
 - marijuana
 - prescription drugs
- For female problem gamblers, the ranking of abused substances is:
 - alcohol
 - prescription drugs
 - marijuana
 - cocaine

- In a similar vein, it has been estimated that 10% to 30% of clients with alcohol problems also have gambling problems.

Signs of Substance Abuse

Alcohol and drug abuse (like problem gambling) exists on a continuum, ranging from problem to dependence. Signs of abuse include the following:

- **Excessive consumption**
High levels of substance are being consumed.
Common patterns include bingeing, daily use, or heavy weekend use.
- **Effects on life areas**
Consequences of excessive use are evident in various life areas, e.g. missing work, alienating family/friends, physical health problems, impaired driving.
- **Physical dependence**
During the periods of not using, the individual feels anxious, nauseated, weak and may have difficulty sleeping. More serious withdrawal symptoms include tremors, confusion, agitation, hallucinations and seizures, depending on the substance abused.
- **Increased tolerance**
Over time, more of the substance is required to produce an effect. The individual is able to function at increasingly higher levels of substance use.
- **Psychological craving**
Craving is the overwhelming need to use the substance of choice and may range from simply wanting to use to feel good to wanting to use to relieve the physical and/or psychological effects of withdrawal.
- **Loss of control**
Not being able to use according to intent, or to control the amount consumed, is an important characteristic of dependence. The user becomes increasingly less able to restrict use to socially acceptable situations and standards.
- **Other warning signs**
Needing to use to cope with day-to-day events. This could mean using to calm nerves, forget worries or overcome depression.

Using during a crisis.

Using alone.

Keeping the use a secret. Feeling uncomfortable when asked about drinking habits. Lying about the amount of substance consumed.

Becoming intoxicated regularly.

Needing to use more to get the desired effect.

Loss of appetite. Using the substance instead of eating.

Gulping drinks or drinking too fast.

Drinking and driving.

Sustaining falls or injuries, or injuring someone else, as a result of substance use.

Experiencing medical, social or financial problems as a result of substance use.

Feeling irritable, uncomfortable or unwell during periods of not using substances.

CAGE Questionnaire

A screening test, such as the CAGE 2, can be used to identify problem drinking or drug use. Review the following questions of the CAGE Questionnaire:

CUT DOWN Has anyone ever suggested that you should cut down on your drinking/drug use?

ANNOYED Do you ever become annoyed by other people's comments about your drinking/drug use?

GUILTY Have you ever felt guilty about your drinking/drug use?

EYE OPENER Do you ever need to use alcohol or drugs in the morning to get yourself going?
Two or more affirmative answers indicate a strong likelihood that dependence is present and that further assessment is necessary.

Psychological Characteristics of Gamblers

Mood Extremes

Problem gamblers often experience periods of depression or elation, separated by months of normal mood and energy level. They may oscillate between periods of extreme confidence in their ability to succeed at winning (and in other areas of their lives) and periods of extreme self-doubt, anxiety and depression. Depression is particularly common in problem gamblers.

Inability to Delay Gratification

Problem gamblers may view continued effort and waiting for rewards as an inferior means of self-support and financial security. The pursuit of the "action," with the associated relief and escape, becomes the valued means of self-support.

Relationship Difficulties

The ability to maintain intimate, emotionally expressive relationships with close family members and friends is often lacking in problem gamblers. In addition to reduced meaningful communication, sexual activity with the spouse is often minimal. The withdrawal from family is often passive in nature and frequently denied.

Personality Deficits

Some problem gamblers show characteristics of certain personality disorders. Narcissism, for example, may be demonstrated through having grandiose plans and perceptions, being overly sensitive to the opinions of others, having fragile self-esteem, and lacking empathy for the feelings of close family and friends. Antisocial personality disorder is characterized by impulsivity, inability to tolerate anxiety or boredom, difficulty maintaining intimacy, failure to plan ahead and manage responsibilities, and less hesitation to manipulate others.

Problem gamblers may exhibit symptoms of attention deficit and/or hyperactivity. Often, observation of their behaviour in session provides more accurate information than their self-reports.

External Sense of Control

Problem gamblers tend to view life events with a sense of fatalism. They may see their lives as being externally controlled, as opposed to being a result of their behaviour and choices.

Implications for Treatment

Personality Characteristics

The inability to control gambling behaviour has been related to personality traits such as extreme impulsivity, inability to delay gratification and inability to tolerate feeling uncomfortable. As a result, coping skills are often poor.

Treatment Implications: Behavioral counselling, with carefully selected rewards, may be useful for helping clients learn to control impulsivity and delay gratification. Group counselling may be helpful for developing coping skills.

Emotional State

Problem gamblers may have one of the following inner states:

- **hypo-arousal** (understimulated or bored, uses gambling to make life more interesting);
- **hyper-arousal** (overstimulated or anxious, uses gambling to escape from uncomfortable feelings).

Depression or anxiety disorders are common.

Treatment Implications: Stress management and relaxation techniques are often useful for helping clients learn to manage uncomfortable feelings. Negative emotional states become more acute when the gambling stops; therefore, alternative ways of dealing with these feelings must be identified early in treatment. Medical and/or psychiatric referrals may be required for appropriate treatment and medication.

Mental Health Issues

Bland *et al.* (1993) compared pathological gamblers with non-pathological gamblers and estimated the lifetime prevalence of various mental disorders for each group. Their results are shown below:

Disorder	Lifetime Prevalence Gamblers (%)	Lifetime Prevalence Non-Gamblers (%)	Relative Risk for Problem Gamblers
Major Depressive Episode	20.0	12.8	1.6
Dysthymia (Chronic depression)	20.0	4.9	4.1
Agoraphobia	13.3	2.4	5.5
Panic Disorder	3.3	1.8	1.9
Obsessive Compulsive Disorder	16.7	2.3	7.2
Antisocial Personality Disorder	40.0	3.1	13.1
Alcohol Abuse or Dependence	63.3	16.5	3.3
Drug Abuse or Dependence	23.3	6.3	3.7

Major Depressive Episode

Psychiatric condition characterized by intense sadness, loss of interest and pleasure in life, as well as symptoms that include interference with sleep, appetite and daily life functioning. Unless treated, such symptoms may remain for many months and even years.

Dysthymia (chronic depression)

A depressive disorder characterized by at least two years of depressed mood. Symptoms are similar to those of a major depressive episode.

Agoraphobia

A mental disorder characterized by anxiety about being in places where escape or help may not be available, e.g. being outside of the familiar setting of home or venturing into the open. This disorder is so pervasive that a large number of external life situations are entered into reluctantly or avoided. Often associated with panic attacks.

Panic Disorder

A long-term anxiety disorder characterized by recurrent panic attacks that are unrelated to stress, side effects of medication, or effects of alcohol or other drugs. This disorder often responds to education and some behavioral treatments including relaxation, but may require medication in certain cases.

Antisocial Personality Disorder

A pervasive pattern of disregard for, and violation of, the rights of others. This disorder is characterized in part by risk taking, criminality and pathological lying.

Facts About Depression

Depression, which was once thought to be merely an unfortunate state of mind for which the depressed person was largely personally responsible, is now recognized as a very common and painful condition. Fortunately, highly successful types of medical treatment have become available.

Symptoms of Depression

Feelings of pessimism, hopelessness and sadness are common symptoms of depression. To use a popular word, one feels "blue" most or all of the time. Some individuals are only vaguely aware that they do not seem to be getting as much fun out of life as other people. Others are so thoroughly depressed that they describe themselves as feeling like weeping if anyone so much as looks at them. These feelings can be particularly disturbing if there appears to be no reason for them; everything may be going smoothly in life, yet the person still feels depressed.

There are several symptoms of depression besides the feelings of pessimism and sadness. Some of the symptoms do not even resemble what is popularly thought of as being blue or depressed. Several symptoms of depression are described below:

Poor concentration: May have difficulty in concentrating, e.g. read a newspaper or listen to a television program only to find what was read, saw or heard was not retained.

Fatigue: May get tired very easily and lack the drive to get things done like before.

Insomnia: May want to sleep a great deal, but at the same time may not be able to get to sleep. It is even more common to awaken very easily and feel exhausted, frightened and/or depressed.

Remorse: It is not unusual to feel guilty about things in the past—either what should have been done and was not done or what was not done and should have been.

Guilt: Because of the depression, people cannot do the things which would ordinarily be easy for them to do. This inability to function as well as expected is apt to produce feelings of guilt.

Indecision: One of the most common symptoms is an inability to decide about things, even the most simple matters at times.

Reduced sexual activity: Interest in sex and sexual performance usually declines to a remarkably low level for the depressed person.

Decreased love and affection: May feel little or no love anymore for friends and family who have always been close in the past.

General loss of interest: May feel indifferent to all sorts of people, things and ideas that were once of great importance.

Anxiety: Besides being depressed, may be tense, anxious or frightened. These feelings are so strong in some people that they cover up the underlying depression.

Irritability: All sorts of trivial things may be irritating. The resulting annoyance and impatience can be difficult to control.

Suicidal thoughts: Almost everyone thinks of committing suicide at one time or another, but such ideas are more frequent during a depression. Suicide may seem to be the only escape from an intolerable situation. Suicidal ideas may disappear as the depression lifts. If a person has such thoughts, they should mention them to their doctor or therapist.

Unusual thoughts and urges: Frequently, there is a fear of someone near and dear dying. Oddly enough, there are also times when depressed people have the urge to harm those near and dear to them.

Physical changes: Constipation is not unusual; neither is dryness of the mouth. Loss of appetite is common and sometimes results in marked weight loss. Conversely, some people overeat when depressed.

Many people find themselves plagued by all sorts of aches and pains, some of which may be new and some of which may have been present before but were seldom noticed. Other physical reactions that may accompany depression include nausea, chest pains, stomach cramps, rapid breathing, sweating, coldness, numbness or tingling of the hands and feet, and particularly headaches or other odd feelings of pressure in the head, ears or neck.

What is the Cause of Depression?

Unfortunately, the answer is not clear cut. There are many theories about the causes of depression. Some theories are biochemical; some are psychological; and some combine both ideas. In other words, there are theorists who believe that depression is the result of abnormal chemical processes in the brain and body. Others believe that unfortunate events in human relationships produce psychological effects that result in depression. And some theorists combine the ideas of biochemical and psychological effects.

Treatment for Depression

In most cases, medication alone is sufficient to relieve a depression. However, use of psychotherapy and participation in a support group may also be helpful in resolving issues underlying the depression or in learning new ways of thinking and dealing with problems.

Suicide Risk Screen

Current Plan

1. Degree of Planning
2. When? Where? How? Lethality? Availability of means?

Perceived Resources

1. Friends/Relatives? Professionals?
Inner resources/Spiritual beliefs?

Previous History

1. Prior Attempts? Prior ideation/Threats?
2. Attempts/suicides by friends/relatives? (note relevant anniversaries, etc.)

Pending Stressors

1. Pending situational stressors/frustrations/losses, significant events/anniversaries, etc.

NOTE ANY POSSIBLE SUICIDE CLUES / SYMPTOMS WHICH MAY INDICATE
SUICIDAL THINKING / PLANS

Client Materials

The following worksheets are included in this section:

- 7.1 Self-Rating Scale for Depression.

Supplementary Information

The following articles/books are recommended reading:

- Bland, R.C., Newman, S.C., Orn, H. & Stebelsky, G. (1993). Epidemiology of pathological gambling in Edmonton. *Canadian Journal of Psychiatry*, 38(2), 108-112.
- Bloomfield, H. & McWilliams, P. (1994). *How to Heal Depression*. Los Angeles: Prelude Press.
- Burns, David D. (1989). *The Feeling Good Handbook*. New York, NY: William Morrow & Co.
- Klein, D. & Wender, P.H. (1993). *Understanding Depression: A Complete Guide to its Diagnosis and Treatment*. New York: Oxford University Press.

Worksheets



Self-Rating Scale for Depression

Have either of the following symptoms been present nearly every day for at least two weeks?

A.1 Have you been sad, blue, or "down in the dumps"?

A.2 Have you lost interest or pleasure in all or almost all the things you usually do (work, hobbies, other activities)?

If either A.1 or A.2 is true, continue. If not, you probably do not have a depressive illness.

Have any of the following been present nearly every day for at least two weeks?

- | | | |
|--|----|-----|
| 1. A poor appetite or overeating? | No | Yes |
| 2. Insomnia? | No | Yes |
| 3. Oversleeping?
(Going to bed earlier than usual, staying in bed later than usual, taking naps?) | No | Yes |
| 4. Do you have low energy, fatigue, or chronic tiredness? | No | Yes |
| 5. Are you less active or talkative than usual or do you feel slowed down or restless? | No | Yes |
| 6. Do you avoid the company of other people? | No | Yes |
| 7. Do you lose interest or enjoyment in sex and other pleasurable activities? | No | Yes |
| 8. Do you fail to experience pleasure when you are praised, given presents, promoted, etc? | No | Yes |
| 9. Do you have feelings of inadequacy or decreased feelings of self-esteem, or are you increasingly self-critical? | No | Yes |
| 10. Are you less efficient or do you accomplish less at school, work, or home? | No | Yes |
| 11. Do you feel less able to cope with the routine responsibilities of everyday life? | No | Yes |
| 12. Do you find that your concentration is poor or that you have difficulty making decisions (even trivial ones)? | No | Yes |

If A.1 or A.2 is true, and if you answer "Yes" to any 4 of these 12 questions, you probably have a depressive illness and should consult a qualified physician. Even if you have only two or three symptoms, you should seriously consider a checkup. One reason we say that you probably have a depressive illness is that some people with these symptoms have a physical illness such as anemia or low thyroid activity. When you seek professional help for a possible depressive illness, it is important that your physician makes sure that you have a complete physical checkup at the same time.

Source: Klein, M.D., D.F. & Wender, M.D., P.H. (1993). *Understanding Depression: A Complete Guide to Its Diagnosis and Treatment*. New York: Oxford University Press.

Module 8

Relapse Prevention

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Module 8

Relapse Prevention

Overview

It is not uncommon for clients to return to gambling, in some form or at some level, during or after treatment. Therefore, addressing the issue of relapse is both prudent and worthwhile. The primary focus of treatment is to provide clients with the skills and knowledge they need to avoid gambling behaviour. However, it is also important that clients understand the dynamics of relapse and be able to recognize and interrupt the process in its early stages.

Objectives

After completing this module, clients in the *Intensive Treatment Program for Problem Gamblers* will:

- describe the relapse process and recognize that a relapse is a process that begins long before the return to gambling;
- identify internal and external triggers that may cause relapse behaviour;
- develop several strategies for dealing with these triggers.

Time

3 hours

Strategy

Note:

This module relates to Module 6: Negative and Irrational Thinking. It may be useful to refer participants back to the principles learned in Module 6 and to approach relapse prevention from the orientation of irrational beliefs.

Signs of Relapse

In a group activity, have clients discuss the following questions:

1. What does relapse mean for you?
2. How would you handle the urge to return to gambling?
3. How could you prevent this from happening?

Explain that relapse involves a process that begins long before the actual return to gambling. Give information on the relapse process and encourage discussion using the *Relapse Warning Signs* (WORKSHEET 8.1) as a reference.

The *Understanding Behaviour* (WORKSHEET 8.2) can be helpful for clients to identify their own relapse process.

Conclude by noting that approximately two-thirds of all relapses for any addiction (i.e., alcohol/drugs, smoking, diets, gambling) occur within the first 90 days. The longer a person is abstinent, the more likely recovery will be maintained. It is important to handle stress effectively as it is one of the major reasons for relapse.

Identifying High-Risk Situations

Distribute WORKSHEET 8.3, *High-Risk Situations*, and allow a few minutes for participants to review it. Some clients have difficulty identifying high-risk situations. In this case, you can use WORKSHEET 8.4, *Are These High-Risk Situations For You?*

Then distribute WORKSHEET 8.5, *Coping with High-Risk Situations*, and have clients identify their internal and external triggers for relapse. Encourage clients to describe high-risk situations for gambling that they have already faced and discuss how they have coped with these situations.

Cravings and thoughts and urges to gamble can help clients identify triggers that may lead to gambling behaviours. Therefore, clients may benefit from continuing to use the *Weekly Gambling Log*, *Gambling Craving Scale* and *Journal Worksheets* from Module 2.

Planning Ahead

Using WORKSHEET 8.5, *Coping With High-Risk Situations*, have clients devise plans for coping with the various internal and external triggers they identified. You may also find *Since I've Quit Gambling and Where Do I Go From Here?* (WORKSHEETS 8.6 and 8.7) helpful here. These worksheets examine the insights clients have gained.

Conclude the session by reviewing *Strategies for Success* (WORKSHEET 8.8) with participants.

Background Information

Signs of Relapse

The decision to stop gambling will affect many life areas. Emotions may come to the surface that were previously avoided. Sometimes people just cannot control everything in their lives or handle every situation the way they planned to. There is a possibility of relapse to gambling again. Relapse can bring up many emotions—guilt, anger, shame, fear. It is important that the gambler does not give up. Behaviour change often requires several attempts before it becomes permanent. If relapse is treated as a mistake rather than a failure, it can be learned from and prevented from happening again.

As with other addictions, a “slip” back to gambling starts long before the return to the VLTs (or other gambling venue). The warning signs usually occur long before then. Relapse actually starts with the return of old attitudes and behaviours.

Relapse begins when people stop dealing effectively with:

- irrational thoughts,
- relationships with family, friends,
- job situations,
- emotions,
- finances,
- legal problems,
- health,
- lack of coping skills,
- inappropriate behaviours, thoughts and feelings.

As a result, stress builds, which may lead a person to return to gambling if faced with a difficult situation. These danger areas are called high-risk situations.

Relapse Prevention: Introduction and Overview of the Model

The following material is adapted from:
Planning for Success: Preventing Relapse,
An AADAC Lifelines Resource Package.

The model of relapse prevention presented by G. Alan Marlatt and his associates has had a major influence on the treatment of addictive behaviours. Relapse prevention (RP) focuses mainly on the maintenance phase of the change process (although during the earlier stages of change, RP can focus on avoidance techniques). From this perspective, potential and actual relapse episodes are key targets for both proactive and reactive intervention strategies. RP treatment procedures include both specific intervention techniques and more global lifestyle interventions.

Relapse Prevention is a skill development program designed to teach individuals how to anticipate, prevent and, if necessary, cope with the problem of relapse. Relapse prevention procedures can be applied in the following areas:

- as a specific maintenance strategy to anticipate and prevent the occurrence of a relapse;
- as a program of overall lifestyle change where the purpose is more general, e.g. to facilitate changes in personal habits and lifestyle in order to reduce the risk of physical problems or psychological stress. The aim is to teach the individual how to achieve a balanced lifestyle and to prevent the formation or continuation of unhealthy behavioral patterns. A balanced lifestyle is characterized by a harmonious balance between work and play, and by the development of positive habits such as exercise and healthy eating.

Treatment Versus Maintenance

A wide variety of procedures and techniques are available that may be effective in getting an individual to stop gambling, drinking, using drugs, or engaging in other addictive behaviours. Examples include inpatient programs, aversion therapy, dietary management, family counselling, medication, group therapy, behaviour modification, and 12-step programs.

Many intervention techniques are directed primarily toward initial behaviour change only, and not toward the long-term maintenance of this change. What is often overlooked with this focus on initial ceasing is that the *maintenance* of change may be governed by entirely different principles than those that are associated with initial cessation.

Unlike initial treatment procedures that are usually administered by a therapist, procedures designed to enhance maintenance effects are usually self-administered by the client. It appears that the self-control procedures employed during the maintenance phase may be relatively independent in their effects from the externally administered techniques in the initial treatment phase. The RP approach may be applied regardless of the orientation or methods used during treatment.

Implications for Treatment

In the RP approach, a relapse is viewed as a transitional process—a series of events that may or may not be followed by a return to pre-treatment behaviours. The gambler who places a bet after a period of abstinence may be viewed as a person who has had a slip—*not* a full relapse, whereas a person who has a “relapse” has likely engaged in many of the negative pretreatment behaviours that help maintain the gambling behaviour. The personal expectations of the individual involved have considerable impact on whether there is a return to abstinence. The RP approach tries to prevent the single lapse from becoming a total relapse.

Marlatt *et al.* (1985) identified three primary high-risk situations that were associated with nearly three-quarters of all relapses reported. These were negative emotional states, interpersonal conflict and social pressure. It may be reasonable to assume that similar high-risk situations apply to problem gamblers as well.

If the individual is able to cope with these areas effectively, the probability of relapse decreases significantly. The expectation of being able to cope increases with each successful handling of a high-risk situation. As the duration of abstinence and the perception of control increase, the probability of relapse decreases accordingly.

If the individual is unable to cope successfully, the person is likely to experience a decrease in self-efficacy (this is the basic premise underlying Bandura's social learning theories). The decrease in self-efficacy is frequently coupled with a sense of helplessness and a tendency to give in passively to the situation. If the situation also involves the temptation to gamble, drink, or use a drug, and the individual holds positive expectancies about the effects of the behaviour or substance involved, then a relapse is probable.

From a cost-benefit perspective, a relapse can be seen as a very rational choice or decision for many individuals. The benefit is swift in coming—the payoff of immediate gratification. For many, the reward of instant gratification

far outweighs the cost of potential negative effects. Denial and rationalization make it much easier to set up a relapse episode. One may deny both the intent to relapse and the importance of long-range negative consequences.

Research findings and clinical experience in working with a variety of addictive behaviour problems suggest that the degree of balance in a person's daily lifestyle is related to their need to gamble.

Here, the “balance” is defined as the degree of equilibrium that exists in one's daily life between those activities perceived as external demands (shoulds) and those perceived as activities the person engages in for pleasure or self-fulfillment (wants). A person whose lifestyle is weighted down with “shoulds” can be seen as more likely to justify self-indulgence at the end of the day, e.g. stopping to gamble on the way home from work, drinking to excess in the evening.

Assessment and Intervention Strategies

Both specific and global RP strategies can be placed in three main categories:

- skill training,
- cognitive reframing,
- lifestyle intervention.

Skill training strategies include both behavioral and cognitive responses to cope with high-risk situations.

Cognitive reframing procedures are designed to provide the client with a different understanding of the nature of the habit-change process (e.g. to view it as a learning process, to introduce strategies to deal with urges and early warning signals, and to reframe reactions to an initial lapse).

Finally, lifestyle intervention strategies (e.g. relaxation and exercise) are designed to strengthen the client's overall coping capacity and to reduce the frequency and intensity of urges that are often the product of an unbalanced lifestyle.

Which of the various intervention techniques should be applied with a particular client? An individualized approach is recommended.

Therapists select intervention techniques on the basis of their initial evaluation and assessment of the client's problems and general lifestyle pattern. The overall goal of

the specific intervention procedures is to teach the client to anticipate and cope with the possibility of relapse, to recognize and handle high-risk situations that may precipitate a slip, and to modify reactions to prevent a single lapse from developing into a full-blown relapse.

The first step to take in the prevention of relapse is to teach the client to recognize the high-risk situations that may precipitate a relapse. Here, the earlier the awareness of a chain of events which increases the probability of a slip, the sooner one can intervene by recognizing the danger signals and using appropriate skills to handle the situation.

Assessment procedures will enable the individual to identify many high-risk situations. Self-monitoring procedures offer an effective method for assessing high-risk situations. Determining the adequacy of pre-existing coping abilities is a critical assessment target.

Skill training is the cornerstone of the RP treatment program, and is based on the needs of the individual client. Both interpersonal skills and intrapersonal skills training is beneficial to reduce the incidence of relapse and maintain abstinence from gambling. Skill development includes areas such as assertiveness, stress management, relaxation training, anger management, communication skills, and general social skills.

Skill training may use a range of methods including behavioral rehearsal, instruction, coaching, evaluative feedback, modelling, role playing, and relapse rehearsal.

Relapse rehearsal is a useful procedure to use when it is not practical to rehearse new coping skills in a real-life situation. The clients imagine that they are in an actual high-risk situation and they evaluate strategies that they could use to cope with the situation. Regular homework assignments where the client practices their newly acquired skills are essential. This allows for trouble-shooting and the consolidation of these new skills.

Clients may not always be able to use these strategies effectively and many "slip." The client's reaction to their slip is a critical point in the RP model because it determines the degree of escalation from a single isolated slip to a full-blown relapse.

The final component of the RP self-development program is the global intervention procedure of lifestyle change. It is not enough to teach clients skills for handling high-risk situations. A comprehensive self-management program must also improve the client's overall lifestyle so as to increase the capacity to cope with more pervasive stress factors that serve as antecedents (triggers) to the occurrence of high-risk situations.

Despite all these techniques, occasional urges and cravings may still surface. For this reason, various urge control procedures are recommended.

Sometimes urges and cravings are directly triggered by external cues like the sight of a casino or VLT machine, but these cues can be substantially reduced by employing stimulus control techniques or avoidance strategies. Such procedures are useful for unexpected high-risk situations and as a temporary coping response while the individual develops more coping skills. In teaching clients to cope with urge and craving experiences, it is important to emphasize that the discomfort associated with these internal events is natural and does subside.

Urges and cravings may not always operate at a conscious level and may still exert a potent influence by allowing for seemingly irrelevant decisions that inch the person closer to relapse. To counter this, clients are trained to see through these self-deceptions by recognizing their true meanings. By acknowledging to themselves that certain decisions actually represent urges and cravings, the clients become able to use these situations as early warning signals.

An important objective in these urge control techniques is to enable the individual to externalize and view them with detachment. Urges should be viewed as natural occurrences that happen in response to environmental and lifestyle forces, rather than as signs of treatment failure and indicators of future relapse.

Client Materials

The following worksheets are included in this section:

- 8.1 Relapse Warning Signs
- 8.2 Understanding Behaviour
- 8.3 High-Risk Situations
- 8.4 Are These High-Risk Situations For You?
- 8.5 Coping With High-Risk Situations
- 8.6 Since I've Quit Gambling
- 8.7 Where Do I Go from Here?
- 8.8 Strategies for Success

You may also find the following worksheets helpful in this module:

- 2.6 Weekly Gambling Log
- 2.7 Gambling Craving Scale
- 2.8 Journal

Supplementary Information

The following articles/books are recommended reading:

- Bujold, A., Ladouceur, R., Sylvain, C. & Boisvert, J.M. (1994). Treatment of pathological gamblers: An experimental study. *Journal of Behavioral Therapy and Experimental Psychiatry*, 25(4), 275-282.
- Blaszczynski, A., McConaghy, N. & Frankova, A. (1991). A comparison of relapsed and non-relapsed abstinent pathological gamblers following behavioral treatment. *British Journal of Addiction*, 86, 1485-1489.
- Brown, R. (1987). Gambling addictions, arousal, and an affective/decision-making explanation of behavioral reversions or relapses. *International Journal of the Addictions*, 21(11), 1053-1067.
- Johnson, E., Nora, R. & Bustos, N. (1992). The Rotter I-E Scale as a predictor of relapse in a population of compulsive gamblers. *Psychological Reports*, 70, 691-696.
- Marlatt, G. Alan & Gordon, Judith (eds.). (1985). *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors*. New York, Guilford.
- McCormick, R.A. & Taber, J.I. (1991). Follow-up of male pathological gamblers after treatment: The relationship of intellectual variables to relapse. *Journal of Gambling Studies*, 7(2), 99-107.

Worksheets

Relapse Warning Signs

Consider how you have been feeling or behaving since beginning the treatment program or over the past few weeks. Which of the following statements describe you?

- | | | |
|--|--|---|
| <input type="checkbox"/> Not talking about your feelings | <input type="checkbox"/> Blaming (thinking everybody else is to blame for your problems) | <input type="checkbox"/> Remembering the excitement of the "big win" |
| <input type="checkbox"/> Blowing up (yelling, feeling frustrated over small problems) | <input type="checkbox"/> Dishonesty (telling lies to cover for yourself) | <input type="checkbox"/> Feeling restless |
| <input type="checkbox"/> Negative attitude (being critical and judgmental) | <input type="checkbox"/> School or work troubles (pressures, failing grades, missing school or work) | <input type="checkbox"/> Thinking about how or where to get money |
| <input type="checkbox"/> Bored (thinking there's nothing to do) | <input type="checkbox"/> Legal troubles (problems with police or probation officer) | <input type="checkbox"/> Letting stressors build up |
| <input type="checkbox"/> Self-pity (feeling upset because you can't gamble) | <input type="checkbox"/> Conflicts with family members | <input type="checkbox"/> Thinking of other forms of gambling as no risk |
| <input type="checkbox"/> Denial of gambling problem (thinking you can control it) | <input type="checkbox"/> Rejecting advice (won't consider suggestions from others) | <input type="checkbox"/> Dabbling in any form of gambling |
| <input type="checkbox"/> Aggressive thoughts (thinking about hurting yourself or others) | <input type="checkbox"/> Poor meeting attendance (e.g. skipping GA, AA, appointments with counsellors) | <input type="checkbox"/> Feeling pressured by debt or lack of money |
| <input type="checkbox"/> Thinking often about gambling | <input type="checkbox"/> Hanging around places where you used to gamble | <input type="checkbox"/> Lapsing into drinking or drug use |
| <input type="checkbox"/> Isolation (avoiding family and supportive friends) | <input type="checkbox"/> Spending time with friends you used to gamble or drink with | |

Relapse prevention involves being aware of situations that may prompt you to gamble, and your thoughts, feelings and behaviours in these situations. In the space provided below, give examples of situations that may place you at risk for relapse.

Behaviour

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

High-Risk Situations

So far in this program you have written an autobiography and what you got out of gambling and the price you have had to pay for it. You have also looked closely at what the benefits of recovery can be for you and the price these rewards will require. In doing this work, you have come to a clearer understanding of what you want in your life and your commitment to doing what is necessary to live a quality life free of your addiction.

To remain abstinent from gambling, you must also understand the things that may put you at risk for relapse. There are many situations that can be risky for individuals in recovery. Some of them seem to be true for most recovering people, others may be

specific to you as an individual.

For example, common triggers for relapse for a problem gambler might be going into a bar where VLTs are present, attending a Grey Cup party, seeing lottery tickets at the check-out in a grocery store, or reading the sports pages.

In addition to these more obvious, external triggers for relapse, there are also internal triggers. These internal relapse triggers can be emotional, mental or spiritual states that make a person vulnerable to addictive behaviour. Sometimes the phrase "stinking thinking" is used to describe a mental state that might contribute to relapse. Anger is a common emotional state that may put a person at risk for relapse.

Hopelessness may be a combined mental, emotional and spiritual state that is extremely risky in recovery.

These triggers, both internal and external, are going to happen. You may be able to avoid some, others you cannot. Therefore, you need to be aware of what your relapse triggers are and begin to make specific plans for how you can cope with them without returning to old addictive behaviours and relapse. The following exercise is designed to help you become more aware of the external and internal relapse triggers that can make you vulnerable for relapse and to formulate a coping plan to deal with them.

High-Risk Situations

External Triggers

Places that can be high-risk for me:

Time of day that can be high-risk for me:

People who can be high-risk for me (identify specific people or types of people):

Things that can be high-risk for me (e.g. casino, lottery machine):

Situations that can be high-risk for me:

Internal Triggers

Behaviour that might be high-risk for me:

Ways of thinking that might be high-risk for me:

Feelings/emotions that might be high-risk for me:

Spiritual states that might be high-risk for me:

Are These High-Risk Situations for You?

Place a check mark beside the situations that are risky for you.

- | | |
|---|---|
| <input type="checkbox"/> When I feel no one really cares what happens to me. | <input type="checkbox"/> When I feel others have let me down. |
| <input type="checkbox"/> When I feel depressed. | <input type="checkbox"/> When I'm bored or lonely. |
| <input type="checkbox"/> When there are problems at work. | <input type="checkbox"/> When pressures build up. |
| <input type="checkbox"/> When I feel I am being punished unjustly. | <input type="checkbox"/> When I'm having a drink in a place where there are VLTs. |
| <input type="checkbox"/> When I feel afraid. | <input type="checkbox"/> When I'm feeling broke. |
| <input type="checkbox"/> When I'm on vacation. | <input type="checkbox"/> When I have money or on payday. |
| <input type="checkbox"/> When I feel happy with everything. | <input type="checkbox"/> When I worry about debt. |
| <input type="checkbox"/> When I have money to spend. | <input type="checkbox"/> When I am with people who gamble. |
| <input type="checkbox"/> When there are hassles and arguments. | <input type="checkbox"/> When I am at a bar. |
| <input type="checkbox"/> When I'm full of resentments. | <input type="checkbox"/> When I see lottery tickets. |
| <input type="checkbox"/> When I feel irritable and tired. | <input type="checkbox"/> When I see a gambling venue. |
| <input type="checkbox"/> When I start thinking that I can gamble in a controlled way. | <input type="checkbox"/> When watching a sporting event. |
| <input type="checkbox"/> When I feel myself getting very angry. | <input type="checkbox"/> When I am fighting with my spouse/partner. |
| <input type="checkbox"/> When I feel frustrated and fed up with life. | |

Coping With High-Risk Situations

List two or three ways you can cope with each of the relapse triggers you indicated on your High-Risk Situations worksheet.

External Triggers

Places

Time of day

People

Things

Situations

Internal Triggers

Behaviours

Thoughts

Feelings/Emotions

Spiritual States

Since I've Quit Gambling . . .

Complete the following statements in the space provided.

Revisit your answers over the course of the treatment program and add to your answers with insights you have gained.

1. Since I've quit gambling, the best thing that has happened to me is:

2. The most difficult problem I've had to face, since I've quit gambling is:

3. Even though I'm not gambling anymore, I still have to understand that:

4. The best thing about not gambling anymore is:

Where Do I Go from Here?

Complete the following statements in the space provided.

Revisit your answers over the course of the treatment program and add to your answers with insights you gain.

1. Now that I've decided to stop gambling, I need to learn to get pleasure and enjoyment from:

2. The problems I will have to deal with in the next while are:

3. The biggest concern I have since deciding to quit gambling is:

4. My greatest hope in making this decision is:

Strategies for Success

Listed below are some ideas to help create a supportive environment where healthy choices become easier to make.

1. Handle money as little as possible.
 - Dispose of bank teller cards.
 - Discontinue credit cards if you are taking cash advances or using them irresponsibly.
 - Have your pay cheque put directly into your bank account.
 - Have someone else who you can trust (e.g. a friend, family member) manage your finances.
 - Consider other financial avenues, such as locking your money into long term savings bonds, etc.
 - If you are going near a gambling venue, leave all your money, cheque books, etc. at home.
2. Keep a diary of your expenditures. If you are gambling, keep track of how much you have spent, and the amount you have won. If you can't afford to lose anymore, record the losses of a friend or investigate legislation and statistics about the takings of gambling venues.
3. Try to reduce your financial need.
 - Determine if there is something else contributing to your high level of financial need (e.g. drug or alcohol abuse).
 - Is it necessary for you to have lots of money or a high standard of living to be happy?
4. Problem gamblers often gamble alone, so get involved in activities with other people. Take an evening class, join a club or sports group, volunteer, or participate in activities with family or friends.
5. Associate with people who do not gamble. Meet with friends in a place where gambling is not available.
6. Build a support network.
 - Seek out self-help groups (e.g. Gamblers Anonymous, GamAnon).
 - Seek out counsellors, psychologists, psychiatrists, or other health care professionals who can help you.
 - Seek out family, friends, or relatives for support.
7. Seek financial counselling if needed (e.g. for budgeting skills, debt repayment plans, etc.).
8. Seek treatment for drug or alcohol abuse and mental illness (e.g. depression, suicide, mania). Seek counselling for relationship problems, career and legal issues, or other problematic areas in your life.
9. Save your gambling money for something special you enjoy doing (e.g. hobbies, travelling). Reward yourself when you choose not to gamble (e.g. go out for dinner, see a movie).
10. Channel excess energy or prevent boredom or loneliness by building other alternatives to gambling. Take up sports, hobbies, exercise, or other enjoyable activities.
11. Change habits and behaviours that support your gambling (e.g. don't drive past your gambling venue of choice, avoid reading sports results).
12. Plan and schedule your days, replacing the time spent gambling with other activities you enjoy. Stick to your schedule as closely as possible.
13. Determine what triggers your gambling (e.g. stress, depression, loneliness, anxiety) and find other ways of dealing with them.
14. Learn more about problem gambling. Go to a library or bookstore. Read books, pamphlets, or borrow videos.
15. Develop realistic expectations for change.
 - It is unrealistic to expect quick change or improvement. Relapses are likely and they are not signs of failure.
 - Understand that winning is due to luck and luck only, not skill.
 - Gambling is not the best way, or the only way, of controlling your financial situation.

Module A

Stress Management and Relaxation

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Module A

Stress Management and Relaxation

Overview

The inability to relax is often a contributing factor to problem gambling. The hyper- or hypo-arousal condition, which is often a contributing factor to problem gambling, results in a chronically stressful state. Gambling serves as a way of relieving this stress. Moreover, the consequences of problem gambling create even greater stress. The result is a deepening spiral of gambling to relieve stress, which causes more stress as a result.

Stress management strategies and relaxation techniques are often useful for helping clients learn to manage uncomfortable feelings. Negative emotional states often become more acute when the gambling stops. Therefore, alternative ways of dealing with these feelings must be identified early in treatment.

Stress is also reduced by the development of interpersonal and intrapersonal skills. These areas are covered in Module F: Communication Skills.

Objectives

After completing this module, clients in the *Intensive Treatment Program for Problem Gamblers* will:

- recognize the role that stress plays in sustaining problem gambling behaviour;
- identify sources of personal stress in their lives;
- use relaxation techniques to manage stressful situations.

Time 2.5 hours

Four sessions: one 1-hour session; three 1/2-hour sessions

The first session, which is one hour in duration, is designed to introduce the topic of stress and instruct clients in one relaxation technique. The next two sessions, each 1/2 hour in duration, teach other relaxation techniques. The final session, also 1/2 hour in duration, introduces visual desensitization.

Strategy: Session 1

Note: This module is designed to be split up into four sessions, three of which the treatment facilitator will build into some of the next seven modules.

Introduction to Stress and Its Management

Stress reduction is essential for problem gamblers. The gambling client often gambles to cope with his/her stressful life that, in turn, creates more stress. You can help clients understand that not all stress is bad. Stress is not only desirable, but essential to life. It is how we react to stressful experiences that is important.

Clients experience stress from three basic sources:

- their environment,
- their physical body, and
- their thoughts.

You may wish to use *Identifying Your Sources of Stress (WORKSHEET A.1)* to help clients identify these sources. Once clients recognize their own stress level, you can begin to work with them to reduce these levels.

The following techniques can be explored with the client:

- progressive relaxation,
- relaxation meditation tapes,
- visualization,
- recognition of irrational thinking,
- assertiveness,
- time management,
- biofeedback,
- nutrition,
- breathing exercises,
- physical exercise.

The following is a helpful resource that provides exercises in all the above areas:

Davis, M., Eshelman, E. & McKay, M. (1995). *The Relaxation and Stress Reduction Workbook*, (4th ed.). Oakland, CA: New Harbinger.

Progressive Relaxation

This technique is based on the premise that relaxing the body relaxes the mind. A script for this technique is provided below. The client may be led through the following progressive relaxation exercise.

Close your eyes and remember to keep them closed as it helps you to concentrate on what you're doing.

Have a good stretch.

Start with some deep breathing exercises. Take a good deep breath, breathing in through your nose, expanding your lungs and chest fully...hold it...hold it...then let the air out slowly through your mouth. Now take another good deep breath, breathe in through your nose, expand your chest and lungs...hold it...hold it...then relax, let the air out slowly through your mouth, relax and remember to breathe evenly and easily.

If worrisome thoughts enter your mind, just let them go and bring yourself back to your breathing.

Now work with the muscles of the right hand and forearm. Clench your right fist. Feel the tension in the fingers, hand and forearm. Concentrate only upon the tension in the muscles and hold it...hold it...then just relax, letting the muscles go completely loose, completely limp and free of all tension. Feel the difference as the muscles relax completely. Breathe evenly and easily.

Moving now to the muscles of the upper right arm, bend your arm sharply at the elbow. Feel the pull of the muscles in the right biceps and upward toward the right shoulder...hold it...hold it...once again, just relax. As the muscles relax, feel the tension leaving.

Move to the muscles of the left hand and forearm. Clench your left fist. Feel the tension in the fingers, hand and forearm. Concentrate only upon the tension in these muscles...hold it...hold it...now relax, let the muscles go completely loose, limp and free of all tension. Feel the difference as the muscles relax completely. Breathe evenly, easily and relax.

Now move to the muscles of the upper left arm. Bend the left arm sharply at the elbow. Feel the pull of the muscles in the left biceps and upwards toward the left shoulder... hold it...hold it...once again, relax. Feel the difference as the muscles relax, completely free of all tension.

Now move to the heavy muscles of the shoulders, the muscles across the shoulder blades, and the muscles at the base of the neck. Hunch your shoulders sharply towards your ears and lower your chin. Feel the pull of the muscles in the shoulders, across the shoulder blades and at the base of the neck. Hold this position...hold it...hold it...once again, relax, just relax. Feel the difference as the shoulders relax completely, free of all tension. As always, breathe evenly, easily, smoothly and regularly.

Now move to the forehead. Frown hard. Wrinkle your forehead. Feel the tension in your forehead and upward into your scalp...hold it...hold it...then, just relax. Feel the difference as the muscles relax completely.

Now move to the muscles around your eyes, the bridge of your nose and your upper cheeks. Close your eyes tightly and wrinkle your nose. Feel the tension in the muscles around the eyes, across the nose and in the upper cheeks. Concentrate only on the tension in those muscles, then just relax. Feel the difference as the muscles relax completely. Breathe evenly and easily and just relax.

Now move to the muscles of your cheeks, jaw and the muscles of the front of the throat. Clench your teeth tightly together and tuck your chin in slightly. Feel the tension in the muscles of the cheeks, the jaw and the front of the throat. Now, let the muscles go completely loose and free of all tension.

Now move to the muscles in your chest, the upper sides and the muscles across the upper back. Tighten these muscles by inhaling. Feel the pull of the muscles in the chest, the upper sides and upper back. Concentrate only upon the tension in these muscles...hold it...hold it...relax. Let the muscles go completely loose and free.

By now, all the muscles of the right hand and arm, the left hand and arm, and the muscles of the shoulders, shoulder blades, neck, face and chest are completely at ease. If worrisome thoughts enter your mind, just let them go, your mind should be completely at rest. Just follow my voice, breathe evenly and easily and just relax.

Now move to the muscles of the abdomen, the lower sides and across the lower back. Tighten the muscles by pressing out on the stomach muscles. Feel the pull of the muscles across the abdomen, around the lower sides and across the lower back. Concentrate only upon the tension in these muscles and hold it...hold it...then relax. Remember to breathe evenly and easily.

Go on to the muscles of the right upper leg, the calf of the leg and the foot and the toes. Press down hard with your right foot. Feel the tension in the right upper leg, the calf of the leg and the right foot and toes...hold it...hold it...relax. Feel the relaxation flowing from the right upper leg downward through the calf, into the foot and into the toes. Feel the difference as these muscles relax completely.

Now go to the muscles of the left upper leg, the calf of the leg and the foot and the toes. Press down hard with your left foot. Feel the tension in your left upper leg, the calf of the leg, and the left foot and toes...hold it...relax. Feel the relaxation flowing from the left upper leg downward through the calf, into the foot and into the toes. Feel the difference as these muscles relax completely.

By now, all the muscles of the right and left hands and arms, the shoulder muscles, the muscles of the face, chest and back are completely relaxed. The muscles of your left and right upper legs, the calves of the legs, the feet, and the toes are completely relaxed. Your mind should be completely at rest and free of all worry, as you simply follow my voice. Relax and do nothing. Just breathe evenly and easily, smoothly and regularly, just relax.

(Wait 5 minutes. Let participants know that there will be silence for approximately 15 minutes.)

End the exercise with the count of four. At the count of four, open your eyes. Flex your arms a couple of times. Do this on your own time. There is no hurry. 1 - 2 - 3 - 4. The exercise is now completed.

To conclude the session, you may wish to have clients complete *The Relaxation Response* (WORKSHEET A.2) as homework.

Strategy: Session 2

Getting a Handle on Stress and Distress

Stress cannot be avoided and is present throughout life. Given that stress is a lifelong influence, what can be done to handle it as effectively as possible?

Review the following suggestions on how to live with stress (participants will likely be able to identify others):

1. *Work off stress.*

If you are angry or upset, try to blow off steam physically by activities such as running, playing tennis, or gardening. Even taking a walk can help. Physical activity allows for an active outlet for mental stress.

2. *Talk about your worries.*

It helps to share worries with someone you trust and respect. This person may be a friend, family member, clergyman, teacher, or counsellor. Sometimes another person can help you see a new side to your problem and, a new solution. This is not admitting defeat. It is admitting you are an intelligent human being who knows when to ask for assistance.

3. *Learn to accept what you cannot change.*

If the problem is beyond your control at this time, try your best to accept it until you can change it. It beats spinning your wheels, and getting nowhere.

4. *Avoid self-medication.*

Although there are many substances, including alcohol, that you can use to mask stress symptoms, they do not help you adjust to the stress itself. Many are habit-forming; the decision to use them should be made with the help of a counsellor and doctor. Self-medicating is a form of avoidance that can cause more stress than it solves. The ability to handle stress comes from within you, not from the outside.

5. *Get enough sleep and rest.*

Lack of sleep can lessen your ability to deal with stress by making you more irritable. Most people need at least seven to eight hours of sleep out of every 24 hours. If stress repeatedly prevents you from sleeping, you should consult with your doctor.

6. *Balance work and recreation.*

"All work and no play can make Jack or Jill a nervous wreck." Schedule time for recreation to relax your mind. Although inactivity can cause boredom, a little loafing can ease stress. This should not be a constant escape, but occasionally you deserve a break.

7. *Do something for others.*

Sometimes when you are distressed, you concentrate too much on yourself and your situation. When this happens, it is often wise to do something for someone else and get your mind off of yourself. An extra bonus in this technique is that it helps make friends.

8. *Take one thing at a time.*

It is self-defeating to tackle all your tasks at once. Instead, set some aside and work on the most urgent. Ask for help, or delegate.

9. *Give in once in a while.*

If you find the source of your stress is other people, try giving in instead of fighting and insisting you are always right. You may find that others will begin to give in too.

10. *Make yourself available.*

When you are bored and feel left out, sitting alone will just make you more frustrated. Instead of withdrawing and feeling sorry for yourself, get involved. Is there a play or musical coming up? Chances are they will need help back stage. Get yourself back there and somebody will probably hand you a hammer or paint brush. Be a volunteer, play on a team, or support other recovering gamblers.

11. *Accept that stress is a fact of life.*

Recognizing that stress as an ongoing part of life may well be the first step in dealing with it. Turn stress into a positive force and let it make life more interesting.

12. *Nutrition.*

Appropriate eating habits such as following Canada's Food Guide may also help reduce stress.

Relaxing Under Pressure

Lead participants in the following exercise:

1. Sit in a comfortable position with both feet on floor.
2. Lower head until chin touches chest. Swing head slowly from side to side.
3. Let swinging slowly subside.
4. Let head flop gently back.
5. Turn head to look over left shoulder, bring chin down to touch shoulder. Push harder, forcing head around as far as it can go.
6. Do same as 5 above, but turn head over right shoulder.
7. Lie down and let your head roll gently back and forth.
8. Stand up and do a "tension stretch." Raise your arms above your head. Stretch as hard as you can, reaching toward the ceiling. Tense every muscle in your body. Hold this position for 10 seconds. Relax, then repeat exercise.
9. Relax and return to normal.

Strategy: Session 3

Other Relaxation Techniques

Lead participants in the following exercises:

1. Use this relaxing refresher to help you throughout the day. Sit in a comfortable position, close your eyes and begin focusing on your breathing. Say the word "relax" as you breathe in. As you breathe out, imagine you are letting go of all stress. When you complete the exercise, you will feel relaxed and refreshed.
2. Use this visualization guide and feel relaxed and energized. Sit in a comfortable position, close your eyes, and imagine you are sitting by the ocean. Feel the sun on your face, see the clear, blue sky and hear the rolling waves. Stay there, in your mind's eye, for several minutes and soak up the relaxed feelings. A mountain cabin or a field filled with daisies also work well.
3. Use deep muscle relaxation techniques. Clench both fists, tighten both arms and shoulders, hold for a few seconds, feel the tension, and then relax. Clench your toes, tighten your legs, hold for a few seconds, and then relax. Follow this pattern with your entire body—tense and then relax. Notice the difference between tension and relaxation.
4. Relax By Stretching—Stand up and stretch. Yawn a few times. Take a deep breath through your nose and exhale through the mouth. Stand with all your muscles loose and relaxed.

Strategy: Session 4

Desensitization by Visualizing

Have participants think of a situation in which they would be likely to experience an urge to gamble. Lead them in an exercise in which they close their eyes and visualize the situation. Use questions to encourage participants to make the situation as realistic as possible by asking questions such as "Who is with you?," "What do you hear?," or "What do you smell?"

When participants are experiencing the urge to gamble, lead them through one of the relaxation techniques described in the previous sessions until the urge subsides.

Note: This technique may be incorporated into the previous sessions. However, if used in this manner, the visualized situations should become progressively more intense. Early in the treatment program, participants should visualize situations in which they have a *mild* urge to gamble, e.g. seeing a Lotto 649 commercial. Later sessions should address situations in which the urge to gamble is more intense. Always work towards successful resolution to the visualization of the gambling urge.

When doing this relaxation exercise, you may wish to follow up with homework and have clients complete the worksheet *Gambling Craving Scale* (see Module 2: What is Problem Gambling?) on a daily basis to determine the effect of these exercises on their cravings.

Client Materials

The following worksheets may be helpful in this section:

- A.1 Identifying Your Sources of Stress
- A.2 The Relaxation Response
- A.3 About the "Relaxation Response"

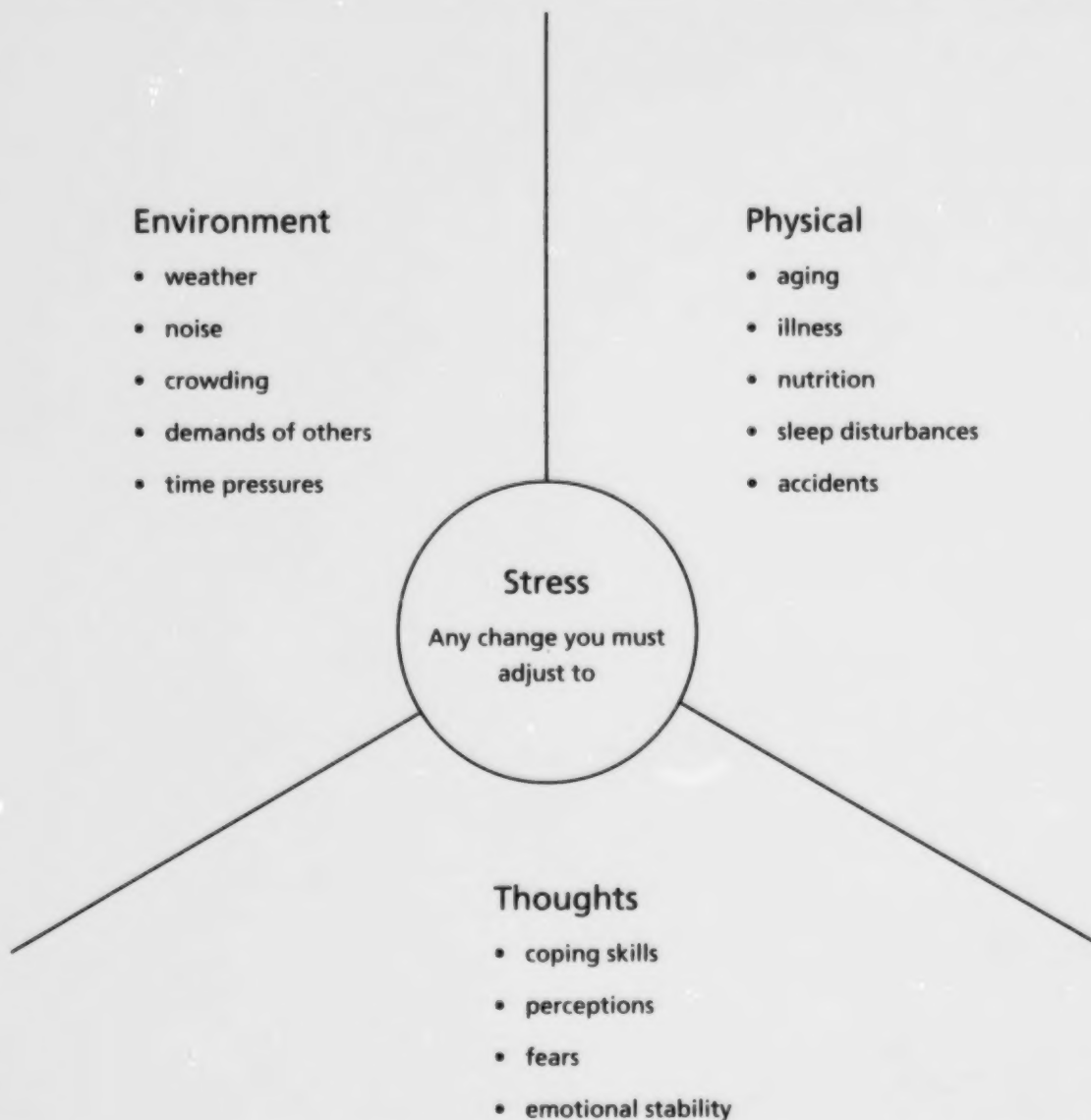
Supplementary Information

The following books and articles are recommended reading:

- Davis, M., Eshelman, E. & McKay, M. (1995).
The Relaxation and Stress Reduction Workbook,
(4th ed.). Oakland, CA: New Harbinger.
- Schiraldi, G. (1987). *Facts to Relax By* (2nd ed.).
Provo, UT: Utah Valley Regional Medical Center.
- Sharpe, L., Tarrrier, N., Schotte, D. & Spence, S. (1995).
The role of autonomic arousal in problem gambling.
Addiction, 90, 1529-1540.

Worksheets

Identifying Your Sources of Stress



TREATMENT TOOLS: A Resource for Counsellors Treating Problem Gamblers. AADAC; Edmonton, AB 1997.

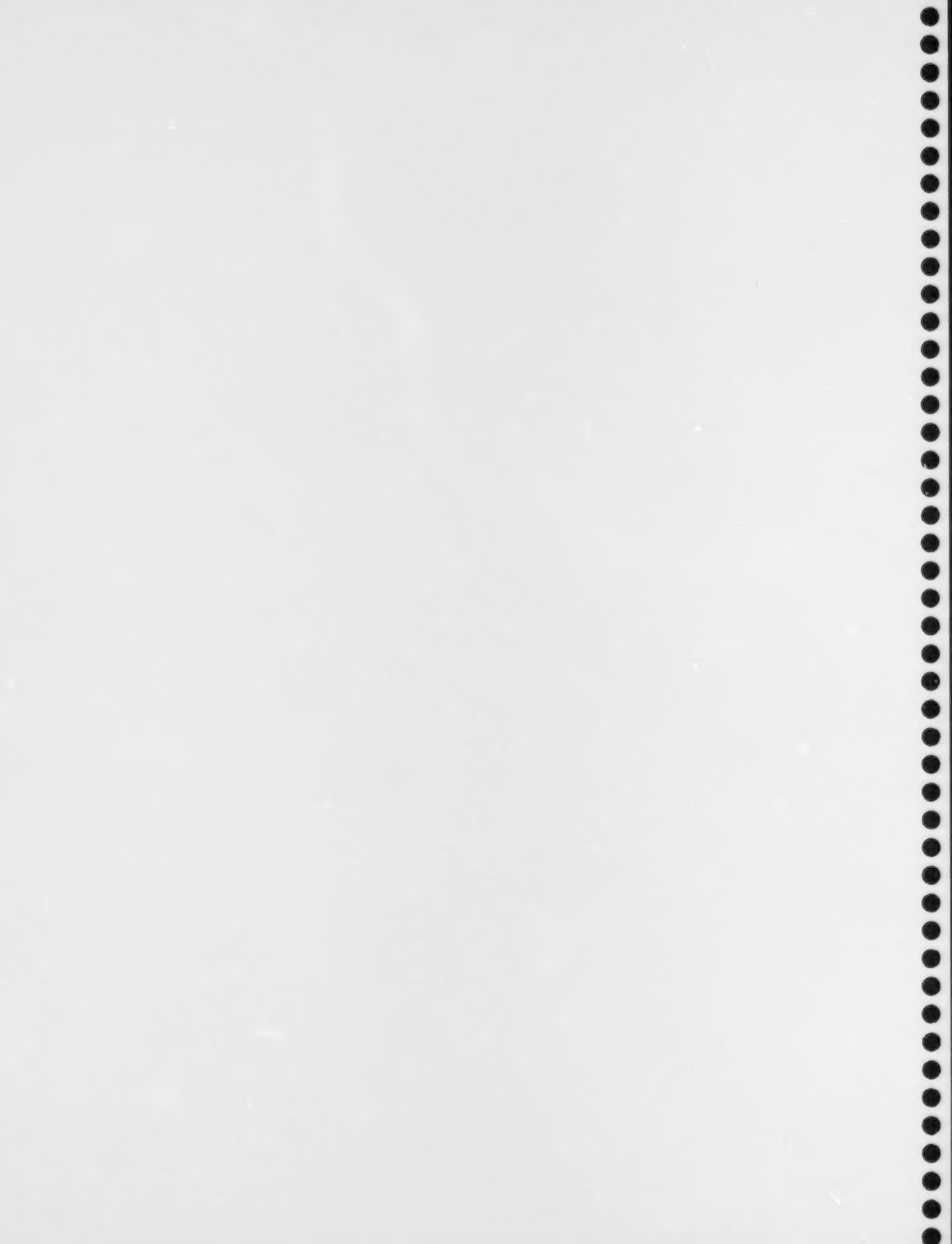
The Relaxation Response

1. Choose a quiet place that is free of noise and other distractions. Ask family members not to interrupt you for 15 minutes. Turn off the telephone.
2. Sit in a comfortable position. A straight-back chair is good. Relax all of your muscles. Your feet should touch the floor. Hands may rest in your lap. Allow your head to fall forward slightly. Do not lie down as there is a tendency to fall asleep.
3. Close your eyes gently. Don't squeeze them closed, but close them as if looking forward to a very enjoyable, relaxed experience.
4. Begin to repeat your relaxation word "beautiful." Say this word silently over and over to yourself for 15 minutes. There is no right or wrong way of doing this. The word may be repeated quickly or slowly, loudly or softly. Whatever occurs naturally is correct.
5. When distracting thoughts occur, ignore them and redirect your attention to the word "beautiful." These other thoughts are a part of the release of stress and are to be expected. Adopt a "let it happen" attitude and instead of worrying about how well you are performing the technique.
6. Gradually come out of the Relaxation Response. You may peek at a clock or watch to see when 15 minutes have elapsed. This will not spoil the effects of the technique. (After practice, you may develop a "built-in" clock that will tell you when 15 minutes are up.) Do not use an alarm.
7. When you are finished, sit quietly for two minutes before opening your eyes. During these two minutes, repeat non-gambling statements to yourself such as "I am in control," "I choose not to gamble," "I have the power to quit gambling."

Then slowly open your eyes, enjoy your surroundings, and stand up when you feel like it. This will ease you out of the Relaxation Response. You are now ready to go about your normal activity, relaxed and refreshed.

About the "Relaxation Response"

- The feelings that accompany the Relaxation vary among individuals. Most people feel a sense of calm, relaxation, pleasure, refreshment, and well being.
- Practice the Relaxation two times a day for 15 minutes each time. This will produce the maximum relaxation benefits.
- Establish a daily schedule for your relaxation time. Before breakfast and shortly before dinner works well for many people. To do it in the morning, you must plan on getting up 15 minutes earlier than you usually do. You will not be losing sleep, however, as the Relaxation Response produces the same refreshment that sleep does.
- Do not practice the response within two hours of having eaten. The digestive process tends to interfere with the response's benefits.
- At first it may be difficult to fit in the two 15-minute time periods, but eventually it will become a habit (unlike gambling, this is a good habit to get into). You do have the time to experience the Relaxation no matter how busy you are.
- Falling asleep while doing the Relaxation may mean you are not getting enough sleep. When you wake up, finish the Relaxation. Try going to bed earlier and catch up on missed sleep.
- The Relaxation is a good way to fill those time periods when you are bored and would formerly have gambled. It is a good way to deal with urges to gamble.



Module B

Leisure Planninsg

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Module B

Leisure Planning

Overview

Problem gamblers commonly experience a void in their leisure activities when they stop gambling. They may require leisure counselling to help them increase their leisure options and enlarge their range of recreational activities. Treatment for action gamblers, in particular, often requires investigating other ways in which excitement can be found. New leisure activities also contribute to the development of a positive support network and help establish a lifestyle free of gambling.

Objectives

After completing this module, clients in the *Intensive Treatment Program for Problem Gamblers* will:

- describe what is meant by leisure and identify its benefits;
- recognize the importance of leisure in recovery;
- develop a leisure plan.

Time

3 hours

Strategy

Leisure and Its Benefits

To begin this module, have clients identify what their leisure has been over the past year and what they hope to learn from this session.

Discuss what is meant by leisure. Ensure that the following points are raised and encourage participants to give examples of each of the following definitions. *Unique Talents* (WORKSHEET B.1) may also be helpful in this activity.

- Leisure is free time—time we have left after work and obligatory activities (e.g. doing laundry, housekeeping, paying bills) are done.
- Leisure is an activity—something that gives us pleasure, relaxation, intellectual stimulation, meets our social needs, mastery needs, etc.
- Leisure is a state of mind—an attitude of feeling good about an activity or perceived freedom from internal and external constraints.

Encourage participants to give examples of each of the above definitions.

Leisure Lifeline

Have clients outline their significant leisure experiences, starting from childhood and working through to the present. It may be helpful to have them consider their leisure experiences in 5- or 10-year blocks of time.

Lead a discussion of what needs were met by these experiences. On one side of a whiteboard or flip chart sheet list significant leisure experiences. On the other side, list the need(s) these experiences met for the clients.

Now have clients identify the benefits of gambling and list these on half of a whiteboard or flip chart sheet. On the other half, have them identify all the benefits of leisure involvement. Ask clients if they feel most of the benefits of gambling can also be met by leisure involvement. In completing this activity, clients may want to refer back to the *Cost-Benefit Analysis* worksheet from Module 3: Gambling As a Lifestyle.

Frequently, clients will indicate a withdrawal from their leisure activities as their gambling activity increases. Help these clients recognize the importance of leisure in their recovery program.

Leisure Needs in Recovery

The leisure needs of problem gamblers (and people with other addictions) tend to cluster around specific areas. Review *Leisure Needs in Recovery* (WORKSHEET B.2) with participants and have them complete it.

Review the model of the effects of gambling on leisure outlined in *Progression of Leisure in Gambling* (WORKSHEET B.3). Give examples of each of the stages on both the dependency and recovery sides. Encourage clients to identify where they fit on the model—on the dependency side or on the recovery side.

Developing a Leisure Plan

Have clients write a list of their own internal and external leisure barriers. Lead a discussion of internal and external leisure barriers, listing them on a flipchart in two columns such as the one shown below:

Internal Barriers	External Barriers
Guilt	Time
Fear	Money
Shame	Transportation
Anger	Absence of social group
Irrational thoughts	No facilities available
Withdrawing	No equipment

In small groups, have clients identify the five most important leisure barriers they are facing. For each of these barriers, have them identify healthy ways to cope with the barrier.

Using *Leisure Planning* (WORKSHEET B.4), have participants work individually to start developing a plan that addresses their most important leisure problems, needs, barriers and goals for change. You may want to use the *Leisure Choices Inventory* (WORKSHEET B.5) to help participants identify their interests and assist them in developing their leisure plans. Encourage those clients who do not like to make long-term leisure goals to focus on a few activities within a one-month period.

You may also find the following worksheets useful in assisting clients to assess and plan their leisure activities:

- *The Daily Activity Schedule* (WORKSHEET 3.12) from Module 3: Gambling As a Lifestyle can help clients realize how much time they are setting aside for the activities that are important to them.
- *How Has Gambling Affected My Life?* (WORKSHEET 3-1) and *How Did I Get Here?* (WORKSHEET 3.13) from Module 3: Gambling As a Lifestyle.
- *Where Do I Go From Here?* (WORKSHEET 8.7) from Module 8: Relapse Prevention (particularly the first question).

Background Information

What is Leisure?

Leisure can mean different things to different people. It is important to reach a mutual understanding with clients of what is meant by "leisure." The most common definitions of leisure are listed below:

- Leisure is free time—time we have left after work and obligatory activities (e.g. doing laundry, housekeeping, paying bills) are done.
- Leisure is an activity—something that gives us pleasure, relaxation, intellectual stimulation, meets our social needs, mastery needs, etc.
- Leisure is a state of mind—an attitude of feeling good about an activity or perceived freedom from internal and external constraints.

Basic Leisure Counselling Orientations

There are several approaches to leisure counselling. Each originates from a different theory of leisure and focuses on particular goal areas. Many counsellors use a mix of the orientations when working with clients. The following is a listing of typical goal areas for each leisure counselling orientation:

Behavioral

This approach involves developing effective coping skills and problem-solving abilities to change leisure behaviours.

Typical goal areas include:

- getting rid of barriers to positive leisure such as guilt, boredom, obligation, social isolation, unsureness, procrastination, obsessiveness, impatience, nervousness, lack of assertiveness, flightiness, anxiety, low frustration tolerance, or unrealistic "ideal" formulation
- correcting over-involvement in activities such as chronic TV watching, gambling, drinking, shopping, etc.

Lifestyle Awareness

This approach involves education and change in the following goal areas:

- to understand the relationship between leisure and other areas of life (such as vacations, family, education, spirituality, community);
- to understand aging and social processes and their effects on leisure and lifestyle;
- to understand and identify attitudes, beliefs, values and perceptions about leisure style;
- to identify personal leisure and lifestyle needs;
- to make lifestyle changes based upon what's happening in ones life (e.g. retirement, career change, object loss, marriage or divorce).

Resource Guidance

This approach involves the following goal areas:

- to identify leisure interests (past, present, desired);
- to know what to do with free time;
- to know where to engage in recreational opportunities;
- to know when opportunities are available;
- to identify community and personal resources.

Remediation

This approach addresses the lack of, or need for remediation of, skills in areas such as the following:

- appropriate social behaviour, as well as grooming and assertiveness;
- activity analysis (effects of certain activity types on physical wellness);
- time management, budgeting and planning;
- effective use of communication systems and transportation;
- coordinated motor movement;
- generally accepted lifetime recreation experiences, concepts and activities based on lifestyle as noted above.

Leisure Goals in Recovery from Gambling

The following are the typical leisure goals of recovering gamblers:

1. To participate in "real" community activities outside of the treatment setting which do not involve gambling. (Clients are more likely to repeat participation after treatment.)
2. To re-establish family activities and interaction.
3. To seek achievements in recreational activities in order to build up a "bank" of positive recreation experiences.
4. To establish a leisure identity free of gambling.
5. To establish supportive social and recreational non-gambling relationships. Activities can be selected that promote group identification.
6. To develop new leisure skills and to experience freedom and choice whenever possible.
7. To relearn and practice previous leisure skills, and to plan for them.
8. To establish a balanced lifestyle.
9. To identify and plan to overcome leisure barriers.
10. To be physically active and fit.
11. To learn relaxation skills and be able to release tension.
12. To have fun.

Considerations for Leisure Planning

Consider the following when assisting participants in their planning of leisure activities.

Leisure-Related Behavioral Concerns

- client self-concept
- effective client insight potential
- client attitudes and coping skills
- specific behaviour problems or difficulties
- status of support systems

Leisure Lifestyle Awareness

- attitudes and values
- leisure/lifestyle goals and interests
- perceived lifestyle difficulties
- level of leisure and general well being
- client's resourcefulness (e.g. planning ability, knowledge of community and personal resources)
- ability and motivation to follow through on guidance

Leisure Resource Guidance

- time/financial management and planning
- physical capabilities.

Leisure-Related Skill Development

- appropriate social behaviour and assertiveness
- orientation and mobility resourcefulness
- basic recreation concepts
- body awareness (e.g. relaxation)

Client Materials

The following materials are included in this section:

- B.1 Unique Talents
- B.2 Leisure Needs in Recovery
- B.3 Progression of Leisure in Gambling
- B.4 Leisure Planning
- B.5 Leisure Choices Inventory.

You may also find the following worksheets helpful in this module:

- 3.1 How Has Gambling Affected My Life?
- 3.3 Cost-Benefit Analysis
- 3.12 Daily Activity Schedule
- 3.13 How Did I Get Here?
- 8.7 Where Do I Go From Here?

Supplementary Information

The following article is recommended reading:

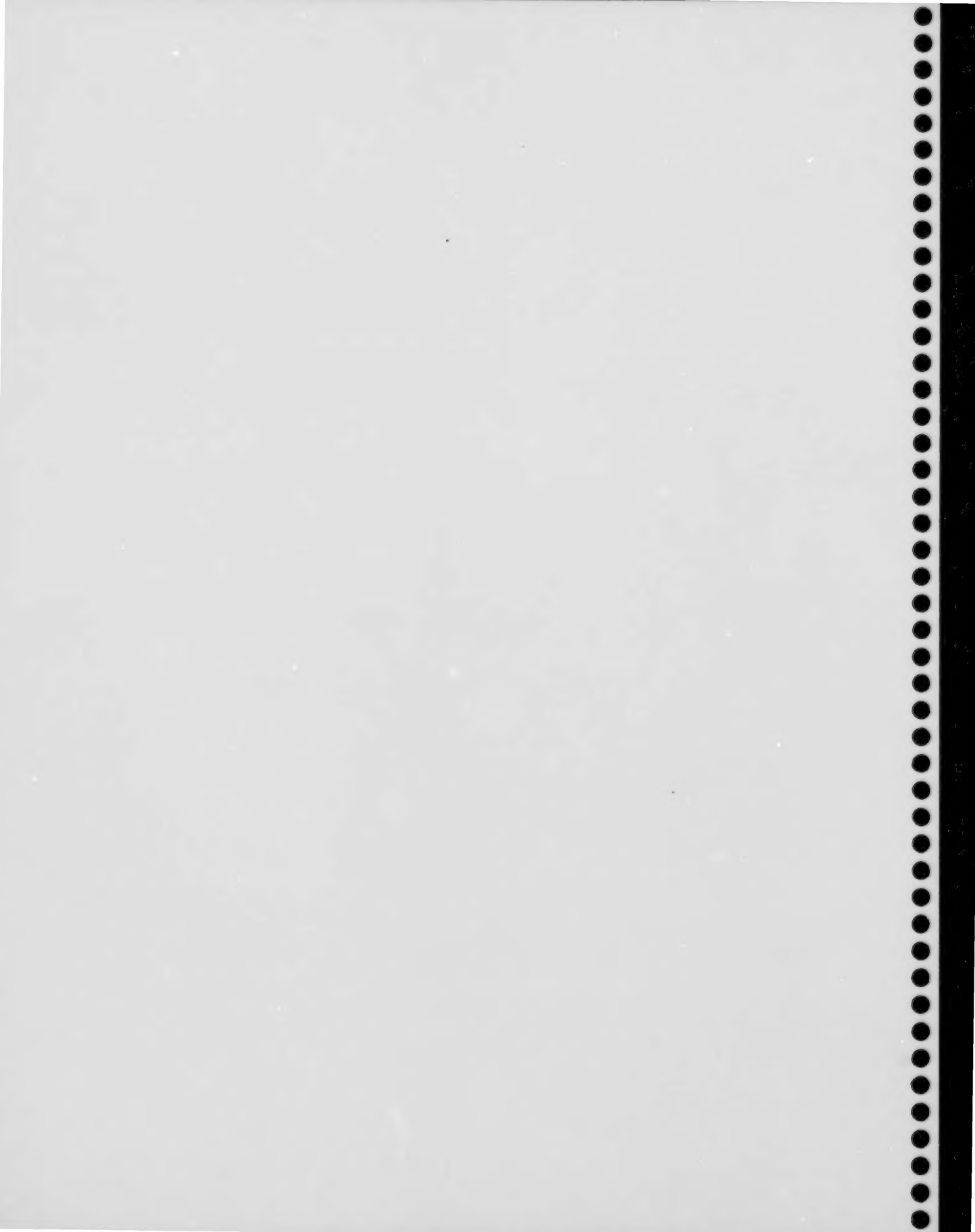
- Smith, G., Volberg, R. & Wynne, H. (1994). Leisure behavior on the edge: Differences between controlled and uncontrolled gambling practices. *Society and Leisure*, 17(1), 233-248.

The following instrument can be used to assess leisure interests:

- *Leisure Diagnostic Battery* (Adult Short Version), 1989. This instrument was developed by P. Witt (University of North Texas, Denton, Texas) and G. Ellis (University of Utah, Salt Lake City, Utah). It is available from:

Venture Publishing Inc.
1640 Oxford Circle
State College, PA 16803.

Worksheets



Unique Talents

Think about how you presently spend your leisure time or have done so in the past. Then answer the questions below in the space provided.

1. What things do I like to do?

Past _____

Present _____

2. What things do I do well or best?

Past _____

Present _____

3. What additional interests or talents do I have that are yet to be explored?

4. What might keep me from becoming involved in these selected areas?

	Obstacles	Resources
Self		
Others		

5. How could I attempt to overcome these obstacles?

Leisure Needs in Recovery

Check the items that match your personal leisure needs in recovery.

- ☐ To participate in "real" community activities outside of the treatment setting that do not involve gambling. (You are more likely to repeat participation after treatment.)
- ☐ To re-establish family activities and interaction.
- ☐ To seek achievements in recreational activities in order to build up a "bank" of positive recreation experiences.
- ☐ To establish a leisure identity free of gambling.
- ☐ To establish supportive social and recreational non-gambling relationships.
- ☐ To learn new leisure skills and to experience freedom and choice whenever possible.
- ☐ To relearn and practice previous leisure skills, and to plan for them.
- ☐ To establish a balanced lifestyle.
- ☐ To identify and confront leisure barriers.
- ☐ To be physically active and fit.
- ☐ To learn relaxation skills and be able to release tension.
- ☐ To have fun.

Progression of Leisure in Gambling

Where do you fit on the model below? Circle the points on the dependency side or the recovery side that best describe where you are today.



Leisure Planning

To start developing a leisure plan that addresses your most important leisure-related problems, needs, barriers, and goals, answer the questions below. (use the back of the sheet if you run out of space)

1. What leisure opportunities are available in the community where I live? Who or what organizations can I obtain information from about these opportunities?
2. What leisure activities am I interested in, that don't cost money or that I can afford?

Activity	Circle Degree of Interest	Free	Affordable	Cost
(1 = not interested 5 = very interested)				
_____	1 2 3 4 5	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	1 2 3 4 5	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	1 2 3 4 5	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	1 2 3 4 5	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	1 2 3 4 5	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. What can I do that will be healthy and enjoyable?
4. What activities would I like to do and who could I do the activity with (you may want to list more than one person).

Activity	Name(s)
_____	_____

5. When planning leisure activities, it is often helpful to begin small. For example, it may not be wise to buy expensive jogging gear and jog for 10 kilometers the first day. Rather, it may be wise to start by walking for a few minutes and increase the time and distance as your fitness improves.

What activities do I want to begin and what are my short and long-term goals? (An example is presented.)

Activity	Start Small	Increase
<i>knitting</i>	<i>have grandmother teach me and make a small table mat</i>	<i>make an afghan by end of year</i>

6. My Leisure Plan: daily, weekly, monthly or yearly leisure activities. (An example is presented.)

Activity	Daily	Weekly	Monthly	Yearly
<i>walking</i>		<i>4 times</i>		

Leisure Choices Inventory

Which of the following activities interest you? Check all that apply.

Physical Activities

- ☐ do aerobics
- ☐ swim
- ☐ exercise to video or record
- ☐ go bicycling
- ☐ do daily stretches
- ☐ do exercises
- ☐ jog
- ☐ dance
- ☐ play beach volleyball
- ☐ walk
- ☐ hike
- ☐ weight lift
- ☐ play horse shoes
- ☐ play baseball/softball
- ☐ bowl (5 or 10 pin)
- ☐ play ping pong
- ☐ play shuffleboard
- ☐ rollerblade/skate
- ☐ garden
- ☐ ride horses
- ☐ do martial arts
- ☐ go caving
- ☐ go rappelling
- ☐ indoor rock climb
- ☐ water ski
- ☐ scuba dive
- ☐ play basketball
- ☐ curl
- ☐ snowmobile
- ☐ go snowshoeing
- ☐ ski X-country/downhill
- ☐ do aquasizes
- ☐ play tennis
- ☐ play racquetball
- ☐ play badminton
- ☐ play squash
- ☐ play hockey
- ☐ golf

Relaxation

- ☐ take a bath
- ☐ do deep breathing exercises

- ☐ play relaxation tapes
- ☐ play soft music/radio
- ☐ do yoga
- ☐ meditate
- ☐ watch a sunrise/sunset
- ☐ fantasize/daydream
- ☐ read
- ☐ write/read poetry
- ☐ write a letter
- ☐ keep a journal or diary
- ☐ driving (scenic)
- ☐ sunbathe
- ☐ swim
- ☐ take a sauna
- ☐ nap
- ☐ nature study
- ☐ walk
- ☐ fish or boat
- ☐ rock in a rocking chair
- ☐ lay in a hammock
- ☐ read daily meditations
- ☐ go on a retreat/holiday
- ☐ visit botanical gardens
- ☐ have a massage
- ☐ take a weekend off
- ☐ make a snowman/angel
- ☐ sit on a park bench
- ☐ have sex

Social

- ☐ attend GA/AA/NA meeting
- ☐ go for coffee
- ☐ visit family/friends
- ☐ dine out
- ☐ help a friend/neighbour
- ☐ phone an old friend
- ☐ date
- ☐ go to an GA/AA dance
- ☐ play card games
- ☐ go to a movie
- ☐ have non-gambling parties/events
- ☐ participate in family activities
- ☐ travel

- ☐ take classes
- ☐ play with children
- ☐ do a favour
- ☐ send greeting cards
- ☐ go to festivals
(art/folk/theatre/music)
- ☐ have a dinner party
- ☐ join a team/league
- ☐ go to a community event
(carnivals, fairs, Canada Day)

Intellectual

- ☐ write creatively
- ☐ go to art shows/galleries
- ☐ play games (chess, computer)
- ☐ attend a workshop
- ☐ write a letter
- ☐ learn a new skill
- ☐ study/take a class
- ☐ upgrade your education
- ☐ do crossword puzzles
- ☐ do word find
- ☐ discuss a problem with someone
- ☐ memorize something
- ☐ attend a retreat
- ☐ visit the library
- ☐ visit the planetarium
- ☐ take a course
- ☐ set a goal
- ☐ join a book club
- ☐ collect something
- ☐ study a foreign language
- ☐ play Scrabble
- ☐ visit an historical site
- ☐ keep a journal or diary

Sensory

- ☐ draw or paint
- ☐ go to museums
- ☐ dance
- ☐ do crafts
- ☐ take up nature study
- ☐ give or receive a hug

- ☐ dine out
- ☐ see spectator sports
- ☐ travel/see new places
- ☐ take up photography
- ☐ sit around a campfire
- ☐ hike
- ☐ listen to others
- ☐ have a hot tub/sauna
- ☐ hear a child's laughter
- ☐ play a musical instrument
- ☐ walk
- ☐ look through a photo album
- ☐ watch the clouds go by
- ☐ have a massage
- ☐ have a good cry
- ☐ go to live theatre
- ☐ sit on a park bench

Creative

- ☐ do home improvements
- ☐ develop new hobbies
- ☐ paint or draw
- ☐ cook
- ☐ build models
- ☐ do needlework
- ☐ sew
- ☐ knit/cross-stitch
- ☐ do beadwork
- ☐ build something
- ☐ do household repairs
- ☐ visit a craft store
- ☐ visit a plant nursery
- ☐ plant flowers
- ☐ think up a joke
- ☐ do pottery/ceramics
- ☐ refinish furniture
- ☐ learn a magic trick
- ☐ write or record music
- ☐ crochet
- ☐ embroider
- ☐ do leather crafts
- ☐ do paper folding (origami)
- ☐ other

Adventure

- ☐ go boating/canoeing
- ☐ travel
- ☐ drive go-carts

- ☐ backpack
- ☐ ride horses
- ☐ rock climb
- ☐ scuba dive
- ☐ go whitewater rafting
- ☐ go parachuting
- ☐ take flying lessons
- ☐ go hot air ballooning
- ☐ go on road rallies
- ☐ take sky sailing lessons
- ☐ surf
- ☐ camp
- ☐ go to an amusement park
- ☐ sail
- ☐ snowboard
- ☐ go downhill skiing
- ☐ go mountain biking
- ☐ go snowmobiling/jet skiing
- ☐ go bunji jumping
- ☐ windsurf
- ☐ go caving

Spiritual

- ☐ help a newcomer
- ☐ keep a journal or diary
- ☐ study religion
- ☐ share with others
- ☐ 12-step work
- ☐ pray
- ☐ go to church
- ☐ ask for help
- ☐ sing in a choir
- ☐ visit the sick
- ☐ read affirmations
- ☐ do something nice for someone
- ☐ comfort someone
- ☐ go on nature studies
- ☐ do volunteer work
- ☐ meditate
- ☐ read daily meditations
- ☐ walk by yourself
- ☐ sit on a park bench
- ☐ other

Fun

- ☐ tell or listen to a joke
- ☐ send a birthday card
- ☐ have a party
- ☐ dine out

- ☐ fly a kite
- ☐ watch a comedy
- ☐ play board games
- ☐ read the comics
- ☐ plan an adventure
- ☐ go to a comedy store
- ☐ play mini golf
- ☐ have non-gambling parties/events
- ☐ do family activities
- ☐ travel
- ☐ play with children
- ☐ laugh with yourself
- ☐ other

Volunteer

- ☐ be a board member
- ☐ join clubs
- ☐ join cultural groups
- ☐ coach sports
- ☐ join community leagues/associations
- ☐ participate in day care
- ☐ volunteer in hospital/seniors centre
- ☐ volunteer in schools
- ☐ volunteer in fire departments
- ☐ join Scouts/Guides/Brownies
- ☐ join St. John's Ambulance
- ☐ join the Volunteer Action Centre
- ☐ join parks and recreation department
- ☐ participate with church organizations
- ☐ share hobbies/skills
- ☐ assist with fundraising, publicity, public relations
- ☐ join Support Groups (Gamblers Anonymous)
- ☐ join agencies (some examples):
 - Red Cross
 - Meals on Wheels
 - Food Bank
 - United Way
 - Salvation Army
 - YWCA/YMCA
 - Big Brothers/Big Sisters

Module C

Self-Esteem

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Module C

Self-Esteem

Overview

Problem gamblers may experience a lack of self-esteem. In some cases, low self-esteem may have been present prior to a gambling problem. In other cases, problems with gambling may contribute to low self-esteem. In either case, treatment of problem gambling clients may require that issues such as their habitual means of dealing with the world, beliefs about themselves, and past experiences be addressed. In this module, clients begin to examine their current levels of self-esteem and consider whether changes are required in this area.

Objectives

After completing this module, clients in the *Intensive Treatment Program for Problem Gamblers* will:

- explain what is meant by self-esteem;
- identify the significant events in their lives and the habitual patterns they have adopted which have contributed to their current level of self-esteem;
- describe how their self-esteem can be enhanced;
- explain why self-esteem is important to recovery.

Time

3 hours

Strategy

What Is Self-Esteem?

Discuss what is meant by self-esteem and examine its relationship to self-image and self-ideal. *Characteristics of Self-Esteem* (WORKSHEET C.1) may be helpful in identifying various aspects of self-esteem.

Ask clients to recall a recent incident which indicates that their self-esteem has improved since beginning the treatment program. Encourage them to share their experiences. As part of the strategy for this module, you may wish to have clients review sections of other modules that may help them see their progress. This activity, review of positive changes, in and of itself, may help to increase their self-esteem.

Present and Past Influences on Self-Esteem

Lead a discussion of the various influences on self-esteem. Then, in pairs or small groups, have participants identify one positive or one negative significant event that has influenced their self-esteem.

You may wish to have participants complete *Messages Affecting Self-Esteem* (WORKSHEET C.2) or assign it (or parts of it) for homework.

Tapes We Play

Introduce the Transactional Analysis (TA) model and discuss the concept of "tapes" and the characteristics of the parent, adult and child tapes.

Discuss how self-esteem can be improved by making changes in these tapes.

Elements of Building Self-Esteem

Using *Elements of Building Self-Esteem* (WORKSHEET C.3) as a guide, lead a discussion of ways in which participants can enhance their self-esteem by utilizing strategies for each element on the worksheet.

Being and Becoming (WORKSHEET C.4) may be helpful at this point for getting participants to think about plans to improve their self-esteem.

As a concluding point, note that being a friend to yourself can enhance self-esteem. Ask participants to consider the question "Do you give yourself the same consideration you would to a good friend?" Note that people who have low self-esteem are often better friends to others than to themselves.

Being a Friend to Yourself

Discuss the characteristics of a friend, ensuring that the following points are raised:

- being caring and concerned,
- having the other's best interests at heart,
- participating in enjoyable activities,
- doing kind things.

Review *Being a Friend to Yourself* (WORKSHEET C.5) with the group. Emphasize the need for clients to start being their own best friend. As a first step, ask participants to identify three gifts that they could give to themselves to be this kind of friend.

Conclude by distributing the handout *My Declaration of Self-Esteem*, (WORKSHEET C.6).

Background Information

The Self

Three elements make up the entity "self:"

- *self-ideal* consists of the person one would like to become;
- *self-image* consists of the way people see or think of themselves and their behaviour;
- *self-esteem* involves how people feel about themselves, their personality, their abilities, their self-worth and competency.

At birth, people have no self-image or self-esteem. Self-image and self-esteem are constructed from beliefs about the self. Most of these beliefs are unconsciously formed from past experiences, successes, failures, humiliations, triumphs, and from other people's reactions. People mentally construct a picture of their self from the above life experiences.

Self-image and self-esteem have a strong influence on how people behave. People act like the sort of person they believe themselves to be. In fact, people literally cannot act otherwise, in spite of their conscious efforts or willpower (for example, if clients think they are shy, they will act shy).

Self-image is not necessarily based on the truth. Some people believe things to be true about themselves that really are not, and they act accordingly. Fortunately, self-image can be changed:

- People are never too young or old to change their habits, how they think and feel, or their way of life. There must be some faith that change is possible.
- With an addiction, recovering means a complete change in lifestyle. If clients are unable to visualize themselves not gambling and achieving some success, chances are they will not accept suggestions for changing their self-image.

How the "Self" Evolves

People build their "House of Self"—their sense of identity—when they are children. Their construction materials are the reactions of significant others towards them. In other words, how others saw them became how they saw themselves.

In childhood, there are no other choices. If people were exposed to large doses of put-downs and belittling statements, their beliefs about the Self would be correspondingly negative. Or if children did not receive verbal messages from their parents, but their parents did everything for them, they may learn they are not capable.

However, if people grew up in a basically positive climate, receiving compliments, encouragement and praise, their Self would likely be positive and a good place to live in. This past learning gels into self-statements that may or may not be accurate. But once formed, they are seen as accurate regardless of the facts, e.g. "You are stupid... You are stupid. I am stupid."

Think of the mind as a tape deck. It is capable of switching on different tapes and this is done by choice. In other words, people choose the tape they want to play.

The first step in self-awareness is to recognize that these tapes exist. Most people think when they say "I," they are referring to a single entity—their inner self. This is not the case. There are actually several in each person. Each one can, on demand, be at center stage and the speaker. Becoming aware of which "I" is at center stage is extremely important.

This awareness helps people determine "Which 'I' is thinking, talking, or acting." By doing so, they discover who is running their life.

Your Personality Parts

Parent (taught) Records external event	<u>Nurturing</u> Critical	1. Nurturing 2. Empathetic & affirming 1. Critical 2. Judgmental & fault finding 3. Uninvolved
Adult (thought)		1. Rational - able to reason 2. Responsible to self & others 3. The "chooser" makes choices 4. In touch with reality
Child (felt)	<u>Not okay</u> Natural	1. Feels inadequate & unlovable 2. Not okay 1. Feels okay 2. Spontaneous & creative

Adapted from: Berne, Eric. (1978). *Transactional Analysis in Psychotherapy*. New York: Ballantine.

Nurturing Parent

This tape recorded nurturing messages from parents or significant others who were trustworthy, non-judgmental, empathetic, comforting, and who were models of constructive attitudes.

These messages were reinforced by the nurturing parent:

- being appreciative, supportive and only making requests that the child could handle,
- showing care for the child, even when the behaviour needed changing,
- saying what was right and positive about the child,
- believing in the child and increasingly supporting the child's power to control self,
- meeting physical and psychological needs within a reasonable time period and with love.

However, to be realistic, one must realize that no parent can be totally nurturing all of the time.

Critical Parent

This tape was programmed into being each time the child was judged, punished, scolded, spanked, deprived, blamed or found fault. These messages were reinforced each time the parents:

- over-controlled,
- made impossible demands,
- focused on what was wrong or missing,
- taught "you are what you do"—personal worth decreased every time a mistake was made,
- taught the child to look to others to control him or her,
- indicated they had little faith in the child,
- taught the child to disregard intuition and feelings,
- imposed overly strict "shoulds," "oughts," "musts," "have tos" and "can'ts."

By about the age of two, the child learns to mimic these parent tapes.

Natural Child

This part is free spirited, intuitive, playful, spontaneous, impulsive, creative and open. This self expresses feelings and wants what it wants now!

Not OK Child

Once the Critical Parent tape is programmed, something happens to the Natural Child. The Natural Child is repressed by a tape called the "Not OK Child." The Not OK Child believes the Critical Parent messages and feels helpless, picked on, rejected, guilty, lonely, overlooked, rebellious, bad, deprived and unloved—all the negative feelings. The Not OK Child is out to rule. But each person holds the power whether to give in to its demands or not.

Feeling "not okay" is the root cause of low self-esteem.

Adult Tape

The adult tape does not mean "grown up." It is the thought or thinking part of each person. This tape:

- is capable of rational thinking (ability to reason);
- is in touch with reality;
- postpones present gratification;
- estimates the probable consequences of certain acts;
- is the part that is responsible to self and others;
- makes choices;
- figures out the answers.

Increasing Your Self-Esteem

Adapted from Corkille Briggs, Dorothy. (1977). *Celebrate Yourself: Enhancing Your Own Self-Esteem*. New York: Doubleday.

To increase self-esteem, people need to change their beliefs about themselves. The job to be done is as follows:

1. Shrink the Internal Critical Parent which dramatically reduces the Not OK feelings.
2. Deal with negative tapes constructively when they clamor to be heard.
2. Increase self-nurturing and allow the Natural Child to expand.
3. Activate the Adult through awareness that one can choose to join the winner's circle.
4. Make contact with the real self—the Essential Being.

Elements of Building Self-Esteem

Self-Knowledge

Although self-image can be changed, it must be based on what the person considers to be the "truth." There must be some grounds or justification for changing. The place to start is by discovering strengths and weaknesses. Many people are afraid that deep down they are really a horrible person—in truth, the reality is that weaknesses are usually much less frightening than imagined. Conversely a strength may be a weakness.

Recognizing that everyone has weaknesses can help. Sharing a weakness with someone close can stop that weakness from being a weapon. "We only truly understand that about ourselves which we are willing to share with another human being."

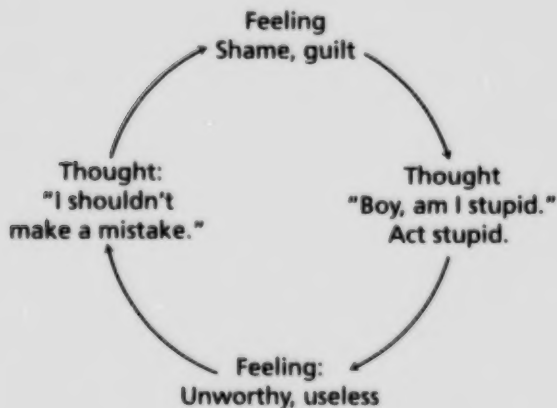
Similarly, knowing and acknowledging strengths can help people realize that they are unique people and do have something to offer. Strengths can be used (and built on) as a foundation.

Be Realistic

Be realistic about expectations and assumptions. The following are common self-defeating expectations:

- "I must never make a mistake."
- "I must be loved and approved of by everyone."
- "I must be seen by others as perfect."
- "I should solve other people's problems."
- "I have no control over my own happiness."

High expectations and unrealistic assumptions can lead to negative thoughts and feelings in a "vicious circle:"



Self-Acceptance

Once people get to know themselves, they will begin to accept themselves (good and bad). No one is perfect. Do not set conditions on this acceptance (for example, "I'll accept myself once I lose weight"). To avoid this problem:

- have realistic expectations;
- use "thought stopping" techniques to change the habit;
- yell "STOP" in your head at the top of your voice;
- replace that negative thought with a positive one, e.g. "I always put a real effort into what I do" or "I do the best job that I am able."

Taking Risks

Confidence is built on the experience of success. All people have a level of comfort—their "comfort zone." They usually try to remain in that comfort zone, because it feels safe. The more often they venture beyond the comfort zone and find a pleasurable experience, or realize that "it wasn't that bad," the greater their comfort zone becomes.

One way to make this happen is by selecting goals. Be as specific and realistic as possible. Consider having clients reward themselves for taking a risk. If they fall short of their goal, they can at least give themselves a pat on the back for trying, rather than beating themselves up because something didn't turn out the way they wanted. The basis for change is set once clients can accept themselves just as they are.

Client Materials

The following materials are included in this section:

- C.1 Characteristics of Self-Esteem
- C.2 Messages Affecting Self-Esteem
- C.3 Elements of Building Self-Esteem
- C.4 Being and Becoming
- C.5 Being a Friend to Yourself
- C.6 My Declaration of Self-Esteem.

Supplementary Information

The following books are recommended reading:

- Berne, Eric. (1996). *Games People Play: The Psychology of Human Relationships*. New York: Ballantine.
- Corkille Briggs, Dorothy (1997). *Celebrate Yourself: Enhancing Your Own Self-Esteem*. New York: Doubleday.

Worksheets

Characteristics of Self-Esteem

A number of characteristics associated with self-esteem are listed below. No one characteristic by itself indicates high or low self-esteem, although a combination of them may. Check the characteristics that apply to you. Then answer the questions that follow.

- | | |
|--|--|
| <input type="checkbox"/> I feel equal to others, neither superior nor inferior to them. | <input type="checkbox"/> I blame others for my feelings and behaviours. |
| <input type="checkbox"/> I frequently feel depressed or in a bad mood. | <input type="checkbox"/> I feel I must be perfect. |
| <input type="checkbox"/> I have confidence in my ability to cope with stress and deal with problems. | <input type="checkbox"/> I recognize my own strengths and limitations. |
| <input type="checkbox"/> I often feel jealous. | <input type="checkbox"/> I am self-sufficient. |
| <input type="checkbox"/> I have angry outbursts. | <input type="checkbox"/> I tend to dominate others. |
| <input type="checkbox"/> I believe that friends and associates find me interesting and valuable. | <input type="checkbox"/> I am sensitive to the needs of others. |
| <input type="checkbox"/> I have a negative attitude toward people. | <input type="checkbox"/> I tend to put others down. |
| <input type="checkbox"/> I avoid getting close to people. | <input type="checkbox"/> I feel superior to others. |
| <input type="checkbox"/> I can accept praise. | <input type="checkbox"/> I can change my opinion if proven wrong. |
| <input type="checkbox"/> I restrict my social relationships with others. | <input type="checkbox"/> I insist my judgment is right even when it's clearly wrong. |
| <input type="checkbox"/> I do not worry about the past or get nervous about the future. | <input type="checkbox"/> I experience a wide range of feelings and desires. |
| <input type="checkbox"/> I do not trust others. | <input type="checkbox"/> I enjoy a wide range of activities. |
| <input type="checkbox"/> I accept responsibility for my own feelings and behaviour. | <input type="checkbox"/> I disregard criticism. |
| <input type="checkbox"/> I feel a lot of guilt or regret about past behaviour or experiences. | <input type="checkbox"/> I overlook my good points. |
| <input type="checkbox"/> I resist other people's attempts to dominate. | <input type="checkbox"/> I tend to focus on the bad side of things. |
| <input type="checkbox"/> I have respect for the rights of others. | <input type="checkbox"/> I can see things from other's points of view. |

Choose one characteristic and use it in answering the following questions:

1. When do I feel this way?

2. How do I know that I feel this way?

3. What do I do when I feel this way?

4. What do I want to change, and how can I change it?

Messages Affecting Self-Esteem

Significant events in your past have influenced your self-esteem. Think about your early years, and answer the questions below.

1. Think of a positive message given to you as a child. Who gave you that message and how did the message affect you?

2. What negative messages did you receive as a child? Write the message in Column A and write the name of the person sending the message in Column B. In column C, rewrite the message so that it would have been helpful to you.

Negative Message	From Whom	Helpful Message
"You'll never amount to anything"	"Uncle Albert"	" You can do anything you want to do."

3. Separate the helpful messages list and post it in a place where you can refer to it often. "Creatively dispose of" (shred, burn) the first two columns. Some people report great satisfaction with this activity!
4. Describe how a person with high self-esteem:
- a) Thinks
 - b) Feels
 - c) Behaves

Elements of Building Self-Esteem

AADAC - Stan Wiens

How can you enhance your self-esteem? Think of a strategy for each element below and record it in the corresponding brick



Being and Becoming

To help you develop a plan to improve your self-esteem, answer the questions below.

1. What are three of my most significant strengths?

2. How can I improve my life by recognizing these strong points?

3. What are three areas of my life that I need to develop?

4. Do I wish to change any of these areas of my life? If yes, which one(s)?

5. What specific action plans can I make for change?

Being a Friend to Yourself

Review the list below. Which areas do you need to emphasize in order to enhance your self-esteem?

1. Take care of yourself physically. This includes exercise, nutrition, rest/sleep, relaxation. Listen to what your body tells you.
2. Use your adult and natural child tapes.
 - Adult – allow it to make choices which work for you.
 - Natural child – value this spontaneous, playful part of you:
 - think of things you liked to do as a child,
 - stay in touch with all your senses,
 - give yourself permission to be curious and creative,
 - try new things.

Focus on experiencing, not on competition and achievement. Don't concern yourself with success or failure.

3. Give gifts to yourself. Many are free or inexpensive, e.g. nap, quiet time, walk, candlelight dinner. Do things that make you feel good (as long as they don't harm you or others).
4. Focus on the present. The adult part of you is able to learn from the past and to plan realistically for the future. Begin to let go of the "if onlys" you may still be holding on to; these can get in the way of experiencing joy from today.
5. Have faith in yourself. Believe that you "can." Try to see yourself doing or being the way you would like.
6. Be patient with yourself. Focus on the small steps or gains. Putting pressure on yourself to make big changes all at once can lead to discouragement. Persistence is the key to success!
7. Cultivate friendships. Don't look for total acceptance. Have a circle of friends to meet different needs (each has something unique to offer). You can enrich others as well.

Adapted from Corkille Briggs, Dorothy (1997). Celebrate Yourself: Enhancing Your Own Self-Esteem. New York: Doubleday.

My Declaration of Self-Esteem

I Am Me

In all the world, there is no one exactly like me. Everything that comes out of me is authentically mine, because I alone chose it. I own everything about me—my body, my feelings, my voice, all my actions.

I own my fantasies, my dreams, my hopes, my fears. I own all my triumphs and successes, all my failures and mistakes. Because I own all of me, I can become intimately acquainted with me. By doing so, I can love me and be friendly with me in all my parts. I know there are aspects about myself that puzzle me, and other aspects that I do not know. But, as long as I am friendly and loving to myself, I can outrageously and hopefully look for solutions to the puzzles and for ways to find out more about me.

However I look and sound, whatever I say and do, and whatever I think and feel at a given moment in time is authentically me. If later some parts of how I looked, sounded, thought and felt turned out to be unfitting, I can discard that which is unfitting, keep the rest and invent something new for that which I discarded.

I can see, hear, feel, think, say and do. I have the tools to survive, to be close to others, to be productive, and to make sense and order out of the world of people and things outside of me. I own me, and therefore, I can engineer me. I am me and...

I am okay!

Module D

Dealing With Loss

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Module D

Dealing With Loss

Overview

Many problem gamblers experience a sense of loss and feelings of grief when they quit gambling. These feelings need to be addressed in treatment. Moreover, losses (and the grief associated with these losses) may also be a factor contributing to problem gambling. Losses include such things as retirement, children leaving home, the death of a loved one, and so forth.

Similarly, unresolved past neglect or abuse and the low self-esteem associated with these factors may play a role in problem gambling. Grief issues may help to explain why depression is a common feature of problem gamblers.

Objectives

After completing this module, clients in the *Intensive Treatment Program for Problem Gamblers* will:

- recognize that gambling can be a coping strategy and that quitting gambling may result in feelings of loss and grief;
- apply the stages of the grieving process and Miller's four-phase model of treatment to their recovery;
- consider the relationship between gambling and past losses.

Time

2 hours

Strategy

Gambling and Grieving

Some clients describe the loss of gambling as similar to the loss of a loved one and wonder how they will cope without the release of gambling. It is important to allow time for the gambler to explore what will be lost when contemplating abstinence from gambling.

Lead a discussion in which participants identify the types of losses they may experience, or have experienced, as a result of quitting gambling. Encourage them to discuss both positive and negative losses in major life areas such as social, psychological, existential, and avoidance of unpleasant effects; e.g. loss of camaraderie, loss of excitement, loss of worry over how to cover-up debts, etc.

Also, some problem gamblers may be concerned over a loss of perceived social image (being a "big shot") and may fear they will be seen as "losers" because they cannot gamble with control.

Phases of Grief

Review the six phases of grief with the group:

1. Denial
2. Bargaining
3. Hope
4. Sadness/Guilt
5. Anger
6. Acceptance

Ask the group for examples of each phase. The worksheet *Where Am I With My Gambling Problem?* (WORKSHEET D.1) may help clients identify the phase they are in for their gambling.

Miller's Four-Phase Model of Treatment

Review the four phases of Miller's treatment model:

1. Committing to Abstinence;
2. Identifying and Confronting Problems;
3. Dealing With Long-Term Problems;
4. Establishing a State of Recovery.

Ask clients to relate it to their experience. Encourage clients to give examples of the phases they have experienced or will do so as their recovery progresses. The worksheet *Since I've Quit Gambling...* from Module 8: Relapse Prevention may be helpful in this section.

Past Losses

Losses such as retirement, children leaving home, the death of a loved one, etc. may be a contributing factor leading to, and sustaining, problem gambling. Similarly, unresolved past neglect or abuse and the low self-esteem associated with these factors may also play a role in problem gambling. Grief issues may help to explain why depression is a common feature of problem gamblers.

Encourage participants to consider how past losses have contributed to their problem gambling behaviour.

Discussion of these issues may be required to help clients adjust to their losses. Support groups may also be useful. Unresolved past neglect and/or abuse typically requires referral for specialized treatment.

You may want to use the worksheets *Helplessness and Control* (WORKSHEET D.2) and *Significant Change* (WORKSHEET D.3) in this section. The worksheet *Cost-Benefit Analysis* from Module 3: Gambling as a Lifestyle may also be useful.

Background Information

Phases of Grief

Problem gamblers often relate well to the grieving process as outlined below. The phases of grief described by Elizabeth Kubler-Ross¹ can be applied to the experiences of problem gamblers. For example:

1. Denial "What problem?"
2. Bargaining "I'll only play on weekends."
3. Hope "Now that I've quit gambling, my problems will disappear."
4. Sadness/Guilt "I'm beginning to realize that what I've done (or haven't done) as a result of gambling has had profound effects."
"I know I'll never be able to gamble again."
"How could I have ever let things go so far and get so out of control?"

Guilt is a true part of the grief reaction. This guilt must be worked through to prepare for full acceptance of the loss of gambling.
5. Anger Disproportionate anger may be expressed at social gamblers or other pathological gamblers who continue to gamble, as well as at spouses or others who do not appear to have to make difficult sacrifices. Some anger is likely to be expressed at the counsellor.

Acting-out should be controlled, both to avoid its direct consequences, as well as the potential it has for setting up conditions for a return to gambling. The anger will pass as the client comes to accept the loss of gambling.
6. Acceptance At this stage, the client has accepted the loss of gambling and has made a full commitment to abstinence. The client is faced with the challenge and opportunity to reorganize his or her life now that gambling is no longer a central part of it.

Miller's Four-Phase Model of Treatment

Adapted from: Miller, W. (1986). Individual out-patient treatment of pathological gambling. *Journal of Gambling Behavior*, 2(2), pp. 101-102.

Miller (1986) describes a four-phase approach for the treatment of problem gambling. Recovery is viewed as a process in which the client mourns the loss of the gambling behaviour as one would mourn any significant loss.

The four phases of treatment are described below:

1. *Committing to Abstinence*
The initial phase involves strengthening clients' motivation to change. Treatment primarily involves encouraging clients to examine their denial and minimization. Having clients examine their gambling behaviour through the use of a balance sheet can be a useful exercise to enhance their commitment to refrain from gambling behaviour.
2. *Identifying and Confronting Problems*
This phase involves confronting the problems caused by the gambling. Important components are managing high-risk situations, managing finances, rebuilding relationships, and developing support networks. Although engagement with the client is critical, it may be difficult due to the client's difficulty in maintaining trusting relationships and their use of manipulation.
3. *Dealing With Long-Term Problems*
Longer-term issues are worked on in this phase. These issues include developing intimacy in relationships and developing recognition and the appropriate expression of feelings such as anger, sadness and guilt.
4. *Establishing a State of Recovery*
As treatment progresses, clients address the ongoing issues of recovery. Approaches may be more open-ended at this time. Ongoing financial management and relationship issues may need to be addressed. Clients become able to tolerate increasing amounts of anxiety and learn about their personal limitations in controlling their gambling behaviour.

¹ Kubler-Ross, E. (1969). *On Death and Dying*. New York: MacMillan.

² It is common for problem gamblers to express anger at the government for making gambling available and for the revenue it generates. Similarly, government-funded agencies (and their staff) may be targeted as providing services to gamblers in order to treat problems that are, in a sense, government created.

Client Materials

The following materials are included in this section:

- D.1 Where Am I With My Gambling Problem?
- D.2 Helplessness and Control
- D.3 Significant Change

You may also find the following worksheets helpful in this module:

- 3.3 Cost-Benefit Analysis.
- 8.6 Since I've Quit Gambling...

Supplementary Information

The following article is recommended reading:

- Miller, W. (1986). Individual out-patient treatment of pathological gambling. *Journal of Gambling Behavior*, 2(2), 95-107.

Worksheets

Where Am I With My Gambling Problem?

Check the box below that best represents how you feel about your gambling:

- ☐ Denial/minimizing (It's not that bad, what's the big deal?)
- ☐ Bargaining (I'll only go on Thursdays, I'll pay you back...)
- ☐ Hope (Genuine hopefulness, I hope I'll win this time)
- ☐ Sadness (Reality sets in, I've made some bad mistakes)
- ☐ Guilt/Shame (How could I have done this again!)
- ☐ Anger (General or specific)
- ☐ Acceptance (I need help. I can't gamble again.)
- ☐ Optimism (I'm feeling stronger all the time. I'm starting to feel good again.)
- ☐ Contentment (I can relax a bit more. Although I can't gamble, I have other ways of coping.)

Helplessness and Control

Losses you have experienced in the past may have played a role in your problem gambling. Complete the questions below to explore this area further.

1. List three situations in your life where you felt helpless to control events or people, and three situations where you felt you had some control.

Helpless	Some Control:
•	•
•	•
•	•

2. Which of the above situation(s) was the most powerful or significant for you?
Select one from each category.

3. List three feelings that you had when you were in these situations.

Helpless	Some Control:
•	•
•	•
•	•

4. List two ways you expressed or coped with each of these feelings.

-
-

5. What was different when you felt you had some control?

-
-

6. Identify positive and negative consequences on another person that was caused by the way you chose to handle your feelings in these situations.

positive —

negative —

7. List three ways you might handle feelings of helplessness (and the feelings that go along with feeling helpless) that would enhance positive consequences for you and others.

-
-
-

Significant Change

Making changes is a critical aspect of learning to live without gambling. Complete the questions below to explore changes you have experienced.

1. Describe a significant traumatic experience in your life (general or specific) and the personal changes that resulted from it.

2. Describe the process you went through in making these changes. What obstacles did you encounter and how did you overcome them?

3. Did you use any outside resources in this process? How did you decide to use them? How did you identify and contact them?

4. How have you changed over the long term as a result of this experience?

5. What other changes resulted from the initial changes you made? What prompted these second-level changes (e.g. crisis, discomfort)?

6. Describe any "relapse" experiences in regard to these changes. Who or what was helpful in getting you get "back on track"? Who or what was not helpful?

Module E

Relationships

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Module E

Relationships

Overview

Family conflict and loss of trust are common issues that many problem gamblers experience. An important part of treatment is helping problem gamblers address these difficulties and learn how to develop healthy relationships.

Objectives

After completing this module, clients in the *Intensive Treatment Program for Problem Gamblers* will:

- examine how their relationships have been affected by their gambling;
- discuss the nature of healthy relationships and how they can be achieved.

Time

2 hours

Strategy

Gambling and Relationships

As the treatment facilitator, you need to be aware of the information provided in Module 7: Substance Abuse and Mental Health Issues regarding the high percentage of problem gamblers with antisocial personality disorder. It may also be useful to review Module 4: Establishing Support and have clients reconsider their support network in light of the concepts included in this module.

Establish the context of this module by outlining how healthy relationships may deteriorate as the gambling addiction progresses and the importance of establishing healthy relationships when gambling behaviour stops. In some cases relationships may be dysfunctional prior to the onset of gambling. In other cases relationships deteriorated as the gambling progressed. Once the gambling behaviour stops it becomes important to direct attention to the development of healthy relationships.

Discuss how gambling has affected clients' significant relationships. Encourage participants to share their experiences in this regard. You may want clients to complete the worksheet *Boundaries in Relationships* (WORKSHEET E.1) after this discussion. Other worksheets that might be helpful are *Cost-Benefit Analysis* and *How Did I Get Here?* from Module 3: Gambling As a Lifestyle.

Ask participants to make a list of all their relationships that have been affected by gambling. You may want to have participants complete the worksheet *Relationships* (WORKSHEET E.2) at this time.

Types of Relationships

Discuss the following types of relationships:

- Dependency Relationship
- Smothering
- Pedestal
- Master/Slave
- Boarding House
- Martyr
- Loving

You may want to use body sculpture techniques to illustrate the dynamics of these types of relationships to help participants experience what they are like.

Physical body sculpting can be done in pairs. Allow participants to change the roles and positions to experience the feelings resulting from the sculpting. Be creative, or ask participants to identify their ideas for each relationship, or you may follow the ideas suggested below.

- **Dependency relationship:** Have two people lean on each other back to back in a crouched, standing, or side by side position. Feet should be far enough apart to create a physical dependence on each other.
- **Smothering relationship:** One person follows the other in very close proximity with hands raised above the other person creating a close and smothering feeling. The 'smotherer' needs to repeat comments such as "I cannot live without you."
- **Pedestal relationship:** Placing one person on a chair on top of a table and the other person in a worshipful position below. Conversations between the two may reflect the precariousness of the pedestal and the difficulty in communicating from a great distance.
- **Martyr relationship:** One person on the floor on all fours, (hands and knees) the other person with one foot (shoes off) on the persons back. As the person on the floor moves around the other person moves along with difficulty, hopping on the other foot.
- **Boarding house relationship:** Get two people to sit quietly in close proximity with little interaction, aware of the others behaviour, yet never sure what it means and how to respond. The basic contract is understood and adhered to.
- **Master/Slave relationship:** Have the master role become demanding, directive and insensitive to the other persons requests. Physical actions such as pointing may go along with verbal demands. Slave positions are kneeling and making requests that are not adhered to.
- **Healthy relationships:** Position may be facing each other or side by side; close enough to touch yet providing for personal space.

Debrief the sculpting experience by getting each person to describe their feelings in each role they played. Help participants to identify in which situations they may experience those feelings and how to deal with them constructively.

You may want to have participants complete the worksheet *What is Love?* (WORKSHEET E.3). Conclude the session by asking participants to begin to develop plans for improving family relationships. Assist them in their plans and review their progress as they move through the future modules. Module F: Communication Skills, is closely connected to this module.

Note to Counsellors

Although working with collaterals is not addressed directly in this module, additional information has been included on the effects of gambling on the family, along with guidelines for counselling the spouse of a problem gambler. This information may be helpful to convey to participants if they require further insight into how their behaviour has affected close family members or for ideas on how to heal family relationships.

Family Program

If your program includes any family component, inform clients about it. You may also want to give information on other available resources for the family and friends of problem gamblers. Family and/or marriage counselling may also be recommended for some participants at this time.

Background Information

Types of Relationships

Dependency Relationship

In a dependency relationship, two people lean on each other. Dependency upon another person sometimes feels good, but it is somewhat confining. When one person wants to move, change, or grow, it upsets the other who is leaning on him or her.

Smothering Relationship

This type is frequently seen in teenage relationships. The vocabulary for this relationship is, "I can't live without you. I want to spend the rest of my life with you. I will devote myself completely to making you happy. It feels so good to be close to you."

Many lovers start out by smothering, then gradually release the stranglehold on each other to allow more room for growth. This smothering pattern may be particularly significant during the honeymoon stage of a new love. The smothering relationship feels good for a while, but eventually the partners begin to feel trapped. A parent may smother a child at any age, including during adulthood.

Pedestal Relationship

This "worshipful" relationship says, "I love you not for who you are, but for who I think you are. I have an idealized image of you and I'd like to have you live up to that image." It is very precarious on top of the pedestal because there are so many expectations and communication is difficult. In love with the person's idealized image, the worshipper is looking up to and trying to communicate with that image instead of with the real person. There is a great deal of emotional distancing inherent in this relationship, and it is difficult for the two people to become close.

Master/Slave Relationship

The master acts and is treated according to these ideas: "I'm the head of this family. I'm the boss. I'll make the decisions around here." Do not assume that this relationship necessarily places the male as the boss and head of the family. There are many women who are masters and who make all the decisions for their families.

In most relationships, one of the partners has a personality which is at least a little stronger than the other. This is not necessarily bad. When the relationship becomes rigid and inflexible, and one person is set up to make virtually all of the decisions, emotional distancing and inequality take place. Maintaining one person as master and the other as slave tends to take a great deal of emotional energy. It often results in a power struggle that interferes with communication and intimacy in the relationship.

Boarding House Relationship

The partners in this relationship have some sort of contract or agreement that they are going to live together. There is no communication in this relationship. The typical thing is for people to come home, sit down and watch TV while they are eating, then retire to their own living habits for the remainder of the evening. There is no expression of love toward each other.

When one person moves forward (i.e., grows and matures), the other person is linked to that change. The "boarding house" is a very confining relationship. Many people recognize this as the pattern that existed just before their relationship ended.

Martyr Relationship

Here is the person who completely sacrifices him or herself by trying to serve others. Always doing things for other people, never taking time for self, the martyr goes about "on hands and knees." The lowly posture is deceptive, however. In reality, the martyr position is very controlling. How does the martyr gain control?—through guilt.

It is difficult to live with a martyr. Expressing one's own needs and angry feelings to a martyr will likely result in feelings of guilt. Clients may have a martyr parent, and may be able to recognize ways of dealing with that parent by understanding the martyr relationship.

Healthy Love Relationship

Two people who are whole and complete, have happiness within themselves. Standing upright, not leaning on or tangled up with the other person, they are able to live their own lives.

They have an abundance of life to share with the other person. They choose to stay together because they are free to be individuals who are sharing their lives together. They can come close together and choose the smothering position temporarily; they can walk hand-in-hand as they might do in parenting their children; they can move apart and have their own careers, their own lives, and their own friends.

Their choice to stay together is out of love for each other rather than needing to stay together because of some unmet emotional needs. The healthy love relationship gives both people the space to grow and become themselves.

Living With a Problem Gambler

The spouse of the problem gambler can be involved in treatment right from the beginning. In fact, it is often the spouse who makes the first telephone inquiry.

The spouse may tell you that the gambler will not attend treatment. In this case, you can encourage the spouse to come for counselling alone. Even when the gambler and spouse are willing to attend counselling together, they may require individual sessions to deal with issues they may not want to share with each other. Both partners may have experienced serious pain, guilt, anger and suffering. The non-gambling partner will often feel significant anxiety in the financial area. Essentials such as food, mortgage or rent payments, utilities, etc. have probably been affected by gambling. By far, the most damaged area in problem gambling relationships is trust.

Often the gambler has been involved in this activity long before the spouse is aware of it, leading to feelings of betrayal and anger. It is important to emphasize that just as a gambler does not have to wait until he or she loses everything to get help, the spouse need not wait either.

The GamAnon 20 questions check-list (*Are You Living With A Compulsive Gambler?* (WORKSHEET E.4) can be helpful to use in discussing the various aspects of living with a problem gambler.

Children may be included in counselling at any stage of the gambler's recovery. Generally it is more effective to include them during the later stages of recovery when some stability has developed and the gambler is able to make the commitment to improve family relationships.

Some suggestions for treating the spouse/partner of the problem gambler are:

1. Allow the spouse a lot of time to tell their story. Typically, spouses of problem gamblers have kept their feelings private and will find release in being able to open up to someone who will not be critical or judgmental. Friends and family may have already said "just leave him/her" or "you're crazy to put up with it." Your listening skills are the most important tool to use at this point.

As with other addictions, self-blame may be evident, as well as feelings of "going crazy." Because gambling tends to be such a hidden behaviour, spouses may have discovered the problem long after serious financial difficulties have developed. This can be somewhat different than with alcohol/drug use, where spouses may recognize drunk behaviour, if not the actual use. Gambling can be hidden for years.

2. The spouse will need to become more aware of problem gambling including basic concepts such as the following:
 - compulsive gambling is addictive behaviour and requires treatment;
 - problem gambling is treatable. Gamblers in recovery lead full lives, so do their families;
 - symptoms include chasing losses, need for action, withdrawal and tolerance.
3. The concept of "enabling" applies to gambling, as well as to other addictions. Spouses must stop taking responsibility for the gambler's behaviour. They may have to separate the bank accounts, not bail the gambler out of financial difficulty anymore, and allow the gambler to experience the consequences of his or her behaviour.
4. Financial affairs must be organized. This may mean attending a "Dealing with Debt Seminar" or seeking the advice of a financial counsellor.
5. Knowledge of resources is essential for spouses. They must know where the gambler can go for treatment, what to expect in treatment, how they can be involved, etc. Other supports such as GamAnon, Gamblers Anonymous and book lists should be reviewed.
6. Part of counselling the spouse is to help deal with the loss of the relationship as it was. Spouses may feel that their world has come apart and all their hopes and dreams for the future have gone.

Be prepared to work through this grieving but be careful to emphasize that rebuilding a new relationship is entirely possible and preferable to the old one. This does not mean finding another person to develop a relationship with but rather the rebuilding of the existing relationship. Do not minimize their perception of never getting ahead financially, it may be true!

Family Program

Family involvement and support is strongly recommended for the problem gambler. As no substance is ingested, many people find it difficult to understand problem gambling. If possible, you should provide the family members and significant others with information such as:

- understanding the addiction process;
- behaviour of the addicted person and how families adjust to that behaviour;
- how family members can keep themselves healthy;
- how to deal with guilt;
- how to reduce and eliminate enabling behaviour;
- the importance of their own support through counselling and/or self-help groups such as GamAnon;
- what role they can play in the recovery of the problem gambler.

Some inpatient programs offer a one-week family program. Some AADAC offices provide a condensed three-evening program or a one-day program for family members. Some programs may provide an information series of lectures that the family can attend.

Client Materials

The following materials are included in this section:

- E.1 Boundaries in Relationships
- E.2 Relationships
- E.3 What is Love?
- E.4 Are You Living With A Compulsive Gambler?

You may also find the following worksheets helpful in this module:

- 3.3 Cost-Benefit Analysis
- 3.13 How Did I Get Here?
- 8.6 Since I've Quit Gambling...

Supplementary Information

The following articles are recommended reading:

- Abbott, D., Cramer, S. & Sherrets, S. (1995, April). Pathological gambling and the family: Practice implications. *Families in Society: The Journal of Contemporary Human Services*, 213-219.
- Editorial. (1995). How compulsive gambling affects children in the family. *Newsletter of the UK Forum on Young People and Gambling*, 15, 10.
- Heinman, M. (1994). Compulsive gambling: Structured family intervention. *Journal of Gambling Studies*, 10(1), 67-76.
- Lorenz, V. (1989). Some treatment approaches for family members who jeopardize the compulsive gambler's recovery. *Journal of Gambling Behavior*, 5(4), 303-311.
- Zion, M., Tracy, E. & Abell, N. (1991). Examining the relationship between spousal involvement in GamAnon and relapse behaviours in pathological gamblers. *Journal of Gambling Studies*, 7(2), 117-130.

Worksheets

Boundaries in Relationships

A boundary marks a limit. A boundary can serve as protection or it can limit your freedom. Everyone needs both protection and freedom. However, when we build boundaries so that others can't hurt us, we often don't realize the long-term negative effects of these boundaries. The following exercise will help you explore your boundaries and the role they play in your life.

1. What do your boundaries look like?

Are they:

- walls (a solid structure to enclose)?
- barriers (an obstacle that challenges others)?
- flexible (capable of letting some people in)?
- non-existent (no barriers—exposed and vulnerable)?
- mountains (an ominous facade)?

Draw a picture of yourself, your boundaries, and other people.

2. What are your "healthy" boundaries? What do they look like?

3. What is the role and purpose of your boundaries? What do they mean to you?

4. Where do your boundaries come from? How long have you had them?

5. What would need to happen for your boundaries to change and become healthier?

Relationships

Relationships with others are frequently affected by gambling. To learn more about your relationships with others, complete the questions below.

1. Describe a close relationship from your recent past or that you currently have. Provide a brief description of the background of this relationship.

2. How do (did) your feelings about yourself affect this relationship?

3. How does (did) this relationship affect you positively and negatively in regard to your self-esteem?

4. What is one thing you have learned about yourself from being in this relationship?

What is Love?

What is this mysterious intangible concept? How do we define love? Why is it so elusive? Where do we learn about love? Will I ever know or feel love? For individuals in a recovery program, learning to love themselves and others is basic to living a happy fulfilled life.

Definitions of Love

1. It is a *learned* emotional reaction to a feeling, person or situation.
 2. You must live love to know love.
 3. Love is not a thing or commodity to be acquired.
 4. Love is given without expectation. It is unwise to insist that someone return your love.
 5. Love is a personal growth process that is constantly changing.
 6. Love is trust and belief in yourself and others.
 7. Love is patience with yourself and others. We all learn and grow at different times and rates.
 8. Love has unlimited potential. I can be whatever I want to be.
 9. Love is in need of expression by words and personal contact.
 10. Love is living in the moment. "Only now is real."
 11. Love is creative, it never destroys.
 12. Love is a fantastic joyous journey through life.
- These are only 12 definitions of love. Since love is unique to each one of us, no doubt you can think of more.

Are You Living With a Compulsive Gambler?

Check the statements that apply to you.

- ☐ Do you find yourself constantly bothered by bill collectors?
- ☐ Is the person in question often away from home for long unexplained periods of time?
- ☐ Does this person ever lose time from work due to gambling?
- ☐ Do you feel that this person cannot be trusted with money?
- ☐ Does the person in question faithfully promise that he or she will stop gambling; beg, plead for another chance, yet gamble again and again?
- ☐ Does this person ever gamble longer than he or she intended to, until the last dollar is gone?
- ☐ Does this person immediately return to gambling to try to recover losses, or to win more?
- ☐ Does this person ever gamble to get money to solve financial difficulties, or have unrealistic expectations that gambling will bring the family material comfort and wealth?
- ☐ Does this person borrow money to gamble with or to pay gambling debts?
- ☐ Has this person's reputation ever suffered due to gambling, even to the extent of committing illegal acts to finance gambling?
- ☐ Have you come to the point of hiding money needed for living expenses, knowing that you and the rest of the family may go without food and clothing if you do not?
- ☐ Do you search this person's clothing or go through his or her wallet when the opportunity presents itself, or otherwise check on his or her activities?
- ☐ Does the person in question hide his or her money?
- ☐ Have you noticed a personality change in the gambler as his or her gambling progresses?
- ☐ Does the person in question consistently lie to cover up or deny his or her gambling activities?
- ☐ Does this person use guilt induction as a method of shifting responsibilities for his or her gambling upon you?
- ☐ Do you attempt to anticipate this person's moods, or try to control his or her life?
- ☐ Does this person ever suffer from remorse or depression due to gambling, sometimes to the point of self-destruction?
- ☐ Has the gambling ever brought you to the point of threatening to break up the family unit?
- ☐ Do you feel that your life together is a nightmare?

If you answered "yes" to six or more of these questions, you may be living with a compulsive gambler.

Source: GamAnon

Module F

Communication Skills

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Module F

Communication Skills

Overview

Many problem gamblers have difficulty expressing their needs and feelings, and communicating honestly and clearly with others. Therefore, building effective communication skills is an important part of recovery.

Objectives

After completing this module, clients in the *Intensive Treatment Program for Problem Gamblers* will:

- define interpersonal communication and differentiate between verbal and non-verbal communication;
- identify six important aspects of effective communication;
- explain why listening is a critical part of the communication process;
- consider the extent to which their communication problems are rooted in irrational beliefs or negative thoughts;
- utilize a variety of communication skills.

Time

3 hours

Strategy

Note to Counsellors

Much of this module is based on participants gaining insight into appropriate communication. However, insights may not bring about improved skills. It may be necessary to extend this module into a "lab" format where participants can use the time to practise specific communication skills.

You may choose to extend the time for this module into more than one session. As the treatment facilitator, you need to be aware of the information provided in Module 7: Substance Abuse and Mental Health Issues regarding the high percentage of problem gamblers with antisocial personality disorder. This factor has implications for the development of communication skills. Also the skills presented in this module help the participants implement their plans from the previous Module E: Relationships.

Introductory Activity

At the beginning of the session, ask participants to do the following: "Look around the room and at each other. Be aware of what you're thinking and feeling about each person. What kind of assumptions are you making about each person? Don't speak your answer aloud, just answer to yourself."

If participants do not know everyone present, ask each person to stand and introduce themselves. Briefly describe why they are here and how long they have been in this program.

Ask participants for a show of hands indicating if someone in the room reminds them of someone from their past. Ask participants to consider if this recollection has affected their perception in any way (they should answer silently, to themselves).

Ask participants to describe how they felt about standing, introducing themselves, and participating in the previous exercise. Conclude by pointing out that we say a lot by how we stand, our dress, our tone of voice, and so forth. We communicate by our appearance, posture, as well as by what we say and how we say it.

Common Communication Blocks

Using the worksheet *Common Communication Blocks* (WORKSHEET F.1) as a guide, discuss how the following listening styles can act as communication blocks:

- ordering
- advising
- moralizing
- reassuring
- excessive questioning
- arguing
- criticizing or judging
- diagnosing
- diverting or withdrawal

Also have participants discuss the various blocks they use with different people.

Communication and the Communication Model

Have participants describe what they think communication involves, then provide the following formal definition:

A person sending a message to another individual with the intent of receiving an answer.

Explain how communication involves a three-part process consisting of a speaker, a message, and a listener. Describe the communication model used in this module.

1. Sender states message.
2. Listener feeds back what he/she believes has been said.
3. Sender indicates whether what the listener's feedback was in fact what he/she wants.

Describe a situation when this module is not used and how it turns out. Then describe a situation when the module is used effectively and how it turns out. Give participants examples to practise or have them create examples that they will practise.

Aspects of Effective Communication

Discuss the following and explain how each of the factors listed below can influence communication:

- listening
- self-concept
- assumptions and perceptions
- values
- feelings
- self disclosure
- confrontation
- sexuality

Encourage participants to examine their communication problems in terms of irrational beliefs or negative thought patterns.

Components of Effective Communication

Review the importance of the following in effective communication: attitude, acceptance, and using "I" messages rather than "you" messages. You may want to have clients refer to their worksheet *Boundaries in Relationships* from Module D: Relationships.

Listening and Expressing Skills

Have participants practise using listening and expressing skills. (See Background Information pps. E7 and E8.)

Background Information

Communication Skills

Participants may have difficulty communicating effectively with others, and the lack of communication skills may contribute to relapse. Clients may not be aware of the specific communication skills they lack. Good communication skills are important when: starting and ending conversations, giving and receiving criticism, giving and receiving compliments, and talking about feelings. Take time to assess client skills in these areas and build practise sessions into your program, if needed.

Communication Model

Communication can be defined as:

A person sending a message to another individual with the intent of receiving an answer.

Communication involves a three-part process consisting of a speaker, a message and a listener. The communication model used in this module is as follows:

1. Sender states a message.
2. Listener feeds back what he/she believes has been said.
3. Sender indicates whether the listener's feedback is accurate.

Important Aspects of Effective Communication

Effective communication may be categorized in specific skills. Specific skills such as:

Non-Verbal communication

How people present themselves and how physical behaviour affects the receiver and their response to communications. These behaviours are eye contact, posture, facial expressions, and hand movements.

Listening

Listening is important if we are to receive an accurate message and to help the speaker communicate the message more effectively.

Paraphrasing

The ability to restate what the sender has said in your own words to ensure you have understood the message.

Reflection of Feelings

Communication of feelings can be very useful in recovery from problem gambling. Clients need to first identify their feelings and then learn to express them. The other aspect of feelings in effective communication is to accept the feelings expressed by others.

Use of Questions

Questions may be open or closed. An open-ended question encourages the other person to continue on in the conversation. The close-ended question asks for a "yes" or "no" response. Frequently used to confirm the understanding of the message received.

Giving Criticism

Criticism is a deliberate attempt to help another person to examine the consequences of some aspects of his or her behaviour. Criticism is often viewed as a wholly negative and unpleasant event. It can be a constructive skill producing positive results. For the recovering gamblers it may be useful to learn how to respond appropriately to things that irritate them. Developing this skill may reduce stress and prevent urges to gamble.

Receiving Criticism

Critical comments are frequently encountered by recovering gamblers. At times these comments are with reference to previous gambling behaviour and the consequence of gambling (e.g. no money). Appropriate responses to these criticisms will reduce anger, and/or urges to gamble.

Using "I" Messages Rather Than "You" Messages

These messages describe how the speaker feels rather than blaming others for making them feel that way.

People should describe the actual behaviour that bothers them instead of using a put down or attacking (i.e., "I have a problem, can you help me resolve it?"). In this situation, at least the other person will listen.

Summarizing

This is a skill that is useful in ending a discussion or visit. It allows for closure of a topic.

Other aspects that effect communication are:

Self-Concept

How people perceive themselves affects their relationships with others, which in turn may enhance or diminish their ability to communicate. Self-concept really does affect the ability to communicate with other people.

Self-concept is an individual's conception of him/herself and his/her identity, abilities, worth, etc. Self-concept develops from past and present experiences. People "try themselves out," they hear what others say about them, they see themselves firsthand (mirror), they see how others react to them, they compare themselves with others, etc.

Assumptions

What people hear is affected by a number of variables. When people do not have enough information about a particular situation or person, they tend to fill in the gaps with assumptions. These assumptions can lead to problems.

This can be changed by getting clear and adequate information and by asking appropriate questions.

Values

Acceptance of others' values is necessary for effective communication. Values are social principles, goals or standards held or accepted by an individual, class or society. Sources of our values include the following:

- parents
- peers
- significant others (e.g. teachers, extended family)
- institutions (e.g. church, Girl Guides, Scouts, teams).

Self Disclosure

What people allow others to know about themselves, and what they are aware of in themselves, affects the quality of the messages sent and what others hear.

Sexuality

How people perceive themselves and others based on their sexual identities affects the quality of the messages they send and receive.

Attitude

Willingness to listen, caring attitude, sincerity and empathy.

Acceptance

Willingness to see the other as a separate person having his/her own identity, feelings and ways of perceiving things.

Prerequisites For Effective Communication

- Understanding personal feelings, hopes, expectations, roots and influencing life experience.
- Being able to express all of the above to another person using words, gestures and behaviours.
- Being able to listen to and accept expressions of the above from another person, without blocking out the messages.

Common Communication Blocks

Ordering

Statements such as "You must..." "You have to..." or "You will..." can produce fear or active resistance.

Advising

Statements such as "What I would do is..." or "Why don't you..." can imply the person is not able to solve his/her own problems. They can also cause dependency or resistance.

Moralizing

"You" statements such as "You should..." "You ought to..." or "It is your responsibility" create obligation or guilt feelings. They can also cause the person to dig in.

Reassuring

Statements such as "Don't worry so much about..." or "Oh cheer up" cause the person to feel misunderstood. The result could be that the listener may feel that it's not okay to have such feelings.

Excessive Questioning

Too many questions such as "Why did you..." "Who..." or "How..." can lead the speaker off track. They can also bring feelings of defensiveness.

Arguing

Statements such as "No, it didn't happen that way" create defensiveness and can cause communication to shut down.

Criticizing or Judging

Statements such as "You are not thinking" "You're lazy" or "Your perception is wrong" imply incompetence, stupidity, or poor judgment. Such statements can also cut off communication.

Diagnosing

Statements such as "What's wrong with you is..." or "You don't really mean that" can be threatening and frustrating and can cause the person to shut down.

Diverting or Withdrawal

Statements such as "Let's talk about something else," "Drop it, I don't want to talk about it," or a blank stare can imply that a person's problems are unimportant or invalid. Such statements can also stop openness.

Listening Skills

Adapted from: McKay, M. & Davis, M. (1995) *Messages: The Communication Skills Book*. New Harbinger Publications; Oakland, CA.

Real listening is based on the intention to do one of four things:

1. Understand someone.
2. Enjoy someone.
3. Learn something.
4. Give help or solace.

How to Be a Good Listener

1. Maintain eye contact.
2. Lean slightly forward.
3. Reinforce the speaker by nodding and paraphrasing. Paraphrasing is when the listener says in his or her own words what the speaker has just said. It helps to clarify messages and to make the speaker feel heard.
4. Clarify by asking questions.

5. Actively move away from distractions.
6. Be committed, even when angry or upset, to understanding what was said.

Expressing Skills

1. Start with I, me or my.
2. Use relationship statements—express what you think or feel about the other person.
3. Use behavioral descriptions (visual behaviour).
4. Use direct descriptions of feelings.
5. Perception check—"Do you understand what I have said?" "How do you feel about that?"

Client Materials

The following worksheets may be helpful in this module:

F.1 Common Communication Blocks.

You may also find the following worksheets helpful for this module:

3.11 Self-Awareness Wheel

E.1 Boundaries in Relationships.

Supplementary Information

The following is recommended reading:

- McKay, M. & Davis, M. (1995). *Messages:*

The Communication Skills Book. Oakland:

New Harbinger.

Worksheets

Common Communication Blocks

Ordering

Statements such as "You must..." "You have to..." or "You will..." can produce fear or active resistance.

Advising

Statements such as "What I would do is..." or "Why don't you..." can imply the person is not able to solve his/her own problems. They can also cause dependency or resistance.

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Statements such as "What's wrong with you is..." or "You don't really mean that" can be threatening and frustrating and can cause the person to shut down.

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Statements such as "Let's talk about something else," "Drop it, I don't want to talk about it," or a blank stare can imply that a person's problems are unimportant or invalid. Such statements can also stop openness.

Module G

Anger Management

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Module G

Anger Management

Overview

Learning to deal with and express anger is often an important part of recovery. Anger may be part of the grieving process for the loss of gambling. It is important that gambling clients learn appropriate and effective ways to cope with their anger. The skills participants have learned in previous modules can also be applied to anger management.

Objectives

After completing this module, clients in the *Intensive Treatment Program for Problem Gamblers* will:

- describe and apply the cognitive-behavioral model of anger;
- describe specific strategies for dealing with anger.

Time

2 hours

Strategy

What is Anger?

Lead a discussion that explores the nature of anger. List the characteristics on a white board or flip chart. Have clients also discuss the relationship between anger and gambling.

- Anger is an emotion which is as much a part of being human as other emotions we experience.
- Anger arises when personal security or adequacy is threatened or when expectations are not being met.
- It is a response to being either physically or psychologically stopped from doing what you want to do.
- Feeling angry is neither "good" nor "bad." The important part is how a person responds to that anger.
- There are often many emotions and thoughts behind the feeling of anger. Anger can sometimes become a way for us to not recognize and resolve other emotions (i.e., fear, guilt, shame, hurt, etc.).
- Anger can be handled effectively or ineffectively. We have considerable choice in how we deal with situations which may lead to feeling angry.
- Becoming angry does not mean that the situation will get out of control. We have choices in how we deal with the situation.

The Cognitive-Behavioral Model of Anger

The cognitive-behavioral model of anger fits with the orientation of the *Intensive Treatment Program for Problem Gamblers*. You can build on the cognitive-behavioral techniques clients have already learned in previous modules.

Using the worksheet *A Model of Anger* (WORKSHEET G.1), lead a discussion which emphasizes the distinction between anger the emotion, and the behavioral consequences of how one chooses to express the emotion. As you review the constructive and destructive effects of angry behaviour, ask clients to give examples from their own experiences with their own or others' anger.

You may want to link this model to the Self-Awareness Wheel from Module 3: Gambling As a Lifestyle. The wheel can be helpful in showing how people can sometimes "leap" to anger. It also provides a bridge to the next section on managing anger, where clients learn that they can "slow down" and choose whether to get angry in the first place and what they will do when they are angry.

Managing Anger

Review the worksheet *Managing Anger* (WORKSHEET G.2) with participants.

Ask clients to give examples of internal signs that help them identify when they are angry.

Have the group complete the Anger Triggers section and encourage discussion.

Strategies for Managing Anger

Review the worksheets *Some Strategies for Dealing With Anger* (WORKSHEET G.3) and *Coping Statements: Self-Talk* (WORKSHEET G.4) with participants. Encourage discussion and ask clients to identify situations where these strategies would be effective choices for dealing with anger.

Conclude by having participants complete and discuss the worksheet *Analyze Your Anger* (WORKSHEET G.5). Then encourage participants to monitor their anger for one week using this worksheet to help them understand their anger management skills.

Inform clients that they can use the assertiveness skills they will learn in the next module to help them express their anger constructively.

Background Information

What is Anger?

- Anger is an emotion which is as much a part of being human as other emotions we experience.
- Anger arises when personal security or adequacy is threatened or when expectations are not being met.
- It is a response to being either physically or psychologically prevented from doing what the person wants to do.
- The feeling of anger is neither "good" nor "bad."
- There are often many emotions and thoughts behind the feeling of anger. Anger can sometimes become a way to not deal with these other emotions (i.e. fear, guilt, shame, hurt, etc.).
- Anger can be handled effectively or ineffectively. People have considerable choice in how they deal with situations that may lead to feeling angry.
- Becoming angry does not mean that the situation will get out of control. There are always choices in how to deal with the situation.

Cognitive-Behavioral Model of Anger

The cognitive-behavioral model of anger fits with the orientation of the *Intensive Treatment Program for Problem Gamblers*. You can build on the cognitive-behavioral techniques clients have learned in previous modules.

The cognitive-behavioral model of anger shows that there is an event that triggers the emotion—anger—followed by the behavioral consequence of the angry thoughts and feelings. The cognitive-behavioral model of anger helps to make the distinction between anger and behaviour.

Trigger event > Angry thoughts and feelings > Behaviour

Many people confuse anger with behaviour. Anger is an emotion. That is all it is. It is triggered by some event or situation. People choose what behaviour they will use to

express their anger. Anger is **not** aggression, an impulsive action, passivity, or violence. These may be the behaviours some people choose to express their anger, but they are not anger.

The cognitive-behavioral model of anger shows three areas that can be focused on to manage anger. People can (1) change the triggers, (2) decide whether or not to get angry, and (3) choose an appropriate behaviour to express their anger.

Effects of Anger

From: Monti, P. et al. (1989). *Treating Alcohol Dependence: A Coping Skills Training Guide*. New York: Guilford Press, New York, NY.

The behaviour that results from anger can have either destructive or constructive effects.

Destructive Effects

- Anger causes mental confusion. It leads to impulsive actions and poor decision-making.
- Aggressive reactions to anger inhibit communication, mask other feelings, create emotional distance, and trigger hostility in others.
- Passive reactions to anger leave you feeling helpless or depressed, reduce self-esteem, mask real feelings with an appearance of indifference, are a barrier to communication, and build resentments that may spill out at the slightest provocation in a furious tantrum or gambling.

Constructive Effects

- Feelings of anger signal problematic situations and energize you to resolve them.
- An assertive response to anger increases your personal power over distasteful situations, helps you communicate your negative feelings and their intensity, can be used to change destructive aspects of a relationship, helps avoid future misunderstandings, and may strengthen a relationship. An assertive response helps you to increase the constructive effects and decrease the destructive effects of angry feelings.

Client Materials

The following materials are included in this module:

- G.1 A Model of Anger
- G.2 Managing Anger
- G.3 Some Strategies for Dealing With Anger
- G.4 Coping Statements: Self-Talk
- G.5 Analyze Your Anger.

You may also find the following worksheet helpful:

- 3.11 Self Awareness Wheel, Module 3: Gambling
As a Lifestyle

Worksheets

A Model of Anger

Many people confuse anger with behaviour. Anger is an emotion. That is all it is. It is triggered by some event or situation. We choose what behaviour we will use to express our anger. Anger is **not** aggression, an impulsive action, passivity, or violence. These may be the behaviours some people choose to express their anger, but they are not anger.

Study the model below. How does it apply to you?

Trigger Event



Angry Thought
and Feelings



Behaviour

Managing Anger

There are three areas you can focus on to manage your anger. You can change the triggers, you can decide whether to get angry or not, and you can choose an appropriate behaviour to express your anger.

Internal Signs

The first step is to become more aware of when you feel angry. What are the internal signs of anger for you?

Feelings: Do you feel frustrated, irritated, annoyed, insulted, treated unfairly, agitated, "on edge," "wound up"? These less intense feelings often precede anger. They should be attended to before they build up and become more difficult to control.

Physical reactions: Physical signs include muscle tension in the jaw, neck, arms, hands; headache; pounding heart; sweating; rapid breathing.

Difficulty falling asleep: Angry thoughts and feelings stored up during the day may make sleep difficult.

Feeling tired, helpless, or depressed: These feelings can also be a sign of anger and often indicate that past attempts to express anger have not been effective.

Anger Triggers

Check the events which can trigger anger for you.

- Thoughts (e.g. "There is no use trying, I know how this will work out in the end.")
- Feelings (e.g. hurt, sadness, fear, depression, resentment).
- Beliefs (e.g. "I can't trust anyone.")
- People not keeping their promises.
- Unexpected or unplanned events or situations.
- Human error - people making mistakes that affect you or your loved ones.
- Mechanical or computer errors.
- Plans changing (I really wanted to... and now I have to...).
- People failing to show or produce as they promised to.
- Crisis or emergencies arising (e.g. car breaks down, furnace troubles, teacher calls with a problem at school).
- Worrying about bills (e.g. rent increases, school fees).
- Invasions of your personal space (e.g. someone reading your mail).
- Feedback from friends, family, employer, teacher, etc.
- Expectations or demands (by yourself or others).
- Health problems (e.g. cancer, heart problems, sick child).
- Death (e.g. loss of a loved one).
- Workload (e.g. rising expectations from your employer).
- Feeling bored (e.g. unsatisfying social life).
- Conflict (e.g. with a family member, friend, employer or associate).
- Other: _____

Some Strategies for Dealing With Anger

Here are some approaches that can be used to deal effectively with anger. Check the ones that suit you best.

- Identify the various factors (triggers) that cause you to feel angry so that you can begin to understand why you feel this way.
- Don't let insignificant things get you angry.
- Change your angry thoughts in order to change your angry feelings.
- Ask yourself how much the issue really means to you.
- Consider the other person's needs and point of view.
- Be open minded.
- Recognize when you are feeling angry and know how this emotion shows in your body, thoughts and feelings.
- Learn to challenge and understand yourself when you are feeling anger. Is your anger justified?
- Use anger as a motivator to solve problems and conflicts, or to achieve goals in your life.
- Talk about your anger with a sponsor, friend, family member or counsellor.
- Talk about your anger at an GA, AA, or NA meeting.
- Do not say or do things that will hurt others or that you will later regret.
- Leave situations where you might lose control of your anger and do something harmful to another person.
- Make amends to others you have hurt by lashing out angrily at them.
- Write about your feelings in a journal or anger log.
- Count to 10.
- Take several deep breaths before you act.
- Allow yourself time to pause and quiet yourself.
- Get the facts straight.
- Express your angry feelings to the person you are mad at when appropriate, but do so in a controlled manner.
- Use "I" statements, e.g. "When you use my clothing without asking my permission, I feel angry."
- Listen carefully to hear and understand what the other person is saying.
- Watch your voice level and tone. Speak clearly and calmly.
- Discuss the problem rationally.
- Attend counselling or use a third party to help resolve the situation.
- Have the courage to admit when you are wrong.
- Walk away. Arrange another time to talk when you are calm.
- Use your words carefully and be respectful.
- Step outside yourself and analyze your anger.

Self-talk through the use of coping statements you say to yourself can be helpful in dealing with situations, events, or people that trigger the emotion of anger.

- I will stay calm and just relax.
- I can handle this situation.
- As long as I keep my cool, I am in control.
- I just roll with the punches. I don't get bent out of shape.
- I know what I want to get out of this.
- I don't need to prove myself to anyone.
- There is really no point in getting angry.
- I always look for the positives.
- I'm not going to let this get to me.
- I deal peacefully with one situation at a time.
- I can be the change I expect of others.
- He's probably really unhappy if he is acting that irritably.
- What she says to me doesn't matter.
I will remain calm.
- My muscles feel tight. Time to relax.
- I will not fly off the handle. I am calm.
- We can work this situation out together.
We can both be winners.
- I am under control. I can handle this. I have a right to be annoyed, but we can reason this situation out and get a good result.
- I will treat you with respect and expect the same behaviour from you.

Analyze Your Anger

Recall a recent situation where you were angry, then answer the questions below.

1. What was the triggering event?

2. What were your thoughts about the event?

3. Was your anger directed toward a person who knowingly and intentionally acted in a hurtful manner?

4. Was your anger useful? Did it help you to achieve a goal or did it make things worse?

5. How did you express it? (i.e., behaviour)

6. What would you do differently next time?

Module H

Assertiveness

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Module H

Assertiveness

Overview

Many problem gamblers, particularly passive gamblers, have difficulty being assertive. Part of the treatment required by these clients may involve skill development in this area.

Objectives

After completing this module, clients in the *Intensive Treatment Program for Problem Gamblers* will:

- recognize the importance of assertive communication in recovery from problem gambling;
- describe and give examples of passive, assertive and aggressive communication patterns;
- use assertive communication techniques.

Time

2 hours

Strategy

What is Assertiveness?

Discuss what is meant by "assertiveness." Emphasize that being assertive involves controlling feelings, as well as actions. The worksheet *Personal Rights* (WORKSHEET H.1) may be useful in this discussion.

Assertiveness involves standing up for one's personal rights and expressing thoughts, feelings, and beliefs in direct, honest ways which do not violate other people's rights. Assertive behaviour enables individuals to act in their own best interests, to stand up for themselves without undue anxiety and to exercise their rights without denying the rights of others.

Assertiveness training is based on the following premises:

- Everyone possesses certain basic human rights.
- Everyone is the final judge of their own behaviour, emotions and decisions.
- Everyone can take an active role in determining what is going on in their life.

Assertive, Aggressive and Passive Communication

Differentiate between passive, assertive and aggressive communication and show how they exist on a continuum.

Introduce and discuss the worksheet *Non-Verbal Communication* (WORKSHEET H.2). Have participants try to communicate from each non-verbal stance to get a "feel" for the differences in communication styles. Using a chart such as the one below, discuss how each type of communication reflects the sender's thoughts and feelings and how they affect those of the receiver.

Passive	Assertive	Aggressive
Sender's Thoughts/Feelings	Receiver's Thoughts/Feelings	

DESC Scripts

Explain what is meant by a DESC script:

- Describe the offending behaviour.
- Express your feelings.
- Specify the desired change.
- Consequences – positive and negative.

The worksheets *Rules for Assertive DESC Scripts* (WORKSHEET H.3) and *Ideas to Keep In Mind* (WORKSHEET H.4) elaborate upon these concepts. The worksheet, *Six Step Assertion Process* (WORKSHEET H.5), may also be helpful.

As a small group activity, you may wish to have participants practise writing and role playing a DESC script for one or more of the following scenarios (or one of their own):

- a friend is pushing you to gamble;
- a friend wants to borrow money;
- your boss criticizes you unfairly in front of your co-workers;
- at a 12-step meeting, someone touches you in a way you do not welcome.

Explain that group members should assume that they want to sort things out and resolve the situation. Therefore, an answer such as "I would just leave" is too easy and is not an appropriate response.

How Assertive Are You Now?

Using the worksheet *How Assertive Are You Now?* (WORKSHEET H.6), have participants assess their current situations and identify areas where they need to change.

Client Materials

The following materials are included in this section:

- H.1 Personal Rights
- H.2 Non-Verbal Communication
- H.3 Rules for Assertive DESC Scripts
- H.4 Ideas to Keep in Mind
- H.5 Six Step Assertion Process
- H.6 How Assertive Are You Now?

Worksheets

Personal Rights

I have the right...

- to not take responsibility for another's needs
- to say no without feeling guilty
- to spend my time with people I choose—to structure my own time without feeling guilty
- to have control over the treatment of my body
- as an adult, to decide how much contact with parents is desirable
- to make my own mistakes
- to be treated as a competent adult
- to have my feelings respected by all
- to tell others of my needs
- to offer no reasons or excuses for justifying my behaviour; others have the right to find this hard to take and be hurt or angry
- to have my opinion as valued as the other person's
- to not have to fulfill another's expectations of me (to say "No")
- to have all my questions answered, even if the professional (e.g. doctor, lawyer, dentist, psychiatrist) is busy
- to know what will be expected of me on the job and the specific conditions of my employment (e.g. salary, advancement, responsibilities)
- to make requests of others, as long as I realize the other person has the right to say no
- to be assertive, even if someone else finds it unpleasant or hurtful, as long as my motive is assertion and not aggression
- to change my mind
- to say, "I don't know" or "I don't understand"
- to achieve at a level I feel comfortable with and am satisfied with
- to get the service for which I am paying
- to check out reasons for someone's feelings towards me
- to explain my side of the story
- to hold different values from my partner, parents, children, friends, etc.

Non-Verbal Communication

Practice the non-verbal communication styles described below.

How do you feel? What is the effect on others?

ASSERTIVE

Eyes: Open and frank, direct eye contact, but not staring

Stance and posture: Well balanced, facing directly with erect, but relaxed, posture

Hands: Relaxed positions and motions, firm handshake

Voice: Strong, steady voice, warm and relaxed.

PASSIVE

Eyes: Averting eye contact, downcast, teary, pleading, blinking when angry

Stance and posture: Leaning for support, stooping, excessive head nodding, stepping back

Hands: Fidgeting, fluttery, clammy, nervous gestures which distract the listener

Voice: Weak, hesitant, soft, sometimes wavering, clearing throat, laughing, whining.

AGGRESSIVE

Eyes: Expressionless, narrowed, cold, staring, not really seeing you

Stance and posture: Hands on hips, feet apart, still and rigid, rude, overbearing, domineering

Hands: Clenching fists, abrupt gestures, finger pointing, fist pounding

Voice: Tense, shrill, loud, shaky, cold, deadly, quiet, demanding, superior, parental.

Rules for Assertive DESC Scripts

Note: "Downer" refers to the person whose behaviour is requiring you to be assertive.

Do

Describe

Describe the other person's behaviour objectively.

Use concrete terms.

Describe a specified time, place, and frequency of the action.

Describe the action, not the motive.

Express

Express your feelings.

Express them calmly.

State feelings in a positive manner, as relating to a goal to be achieved.

Direct yourself to the specific offending behaviour.

Specify

Describe the change you are seeking in detail.

Request a small change.

Request only one or two changes at one time.

Specify the concrete actions you want to see stopped, and those you want to see performed.

Take account of whether your Downer can meet your request without suffering large losses.

Specify what behaviour you are willing to change to make the agreement.

Don't

Describe your emotional reaction to it.

Use abstract, vague terms.

Generalize for "all time."

Guess at your Downer's motives or goals.

Deny your feelings.

Unleash emotional outbursts.

State feelings by attacking or using a put-down.

Attack the entire character of the person.

Merely imply that you'd like a change.

Ask for too large a change.

Ask for too many changes.

Ask for changes in nebulous terms.

Ignore your Downer's needs or ask only for your satisfaction.

Consider that only your Downer has to change.

Do

Consequences

- Make the consequences clear.
- Give a positive reward for change in the desired direction.
- Select something that is desirable and reinforcing to your Downer.
- Select a reward that is big enough to maintain the behaviour change.
- Select a consequence of a magnitude that "fits the crime" of refusing to change behaviour.
- Select a consequence that you are actually willing to carry out.

Don't

- Be ashamed to talk about rewards and penalties.
- Give only punishments for lack of change.
- Select something that only you might find rewarding.
- Offer a reward you can't or won't deliver.
- Make exaggerated threats.
- Use unrealistic threats or self-defeating punishment.

Ideas to Keep in Mind

When making simple requests...

You have a right to make your wants known to others.

You deny your own importance when you do not ask for what you want.

The best way to get exactly what you want is to ask for it directly.

Indirect ways of asking for what you want may not be understood, e.g. complaining of a sore back rather than asking for a back rub.

When refusing requests...

You have a right to say no.

You deny your own importance when you say yes and you really mean no.

Saying no does not imply that you reject another person—you are simply refusing a request.

When saying no, it is important to be direct, concise, and to the point.

If you really mean to say no, do not be swayed by pleading, begging, cajoling, compliments, or other forms of manipulation.

You may offer reasons for your refusal, but do not get carried away with numerous "excuses."

Do not become overly apologetic—this can be offensive.

Six Step Assertion Process

1. Preparation

Write a message and remember: BE BRIEF!

2. Ask yourself:

- a. Am I trespassing on another's space?
- b. Is it a persistent concern of mine?
- c. Is my message free from judgments and blame?
- d. Will I likely get my needs met? (Is this a "no win" situation?)

3. Rehearse

4. Make an appointment with the person and choose a place and time conducive to success, i.e., ensure privacy and adequate time.

5. Start out with small concerns. With each time you practise and experience success, you will gain the confidence to take on larger issues.

6. Send the Message

- 1. Avoid small talk. It's serious! Preface with, "Thanks for taking the time to talk with me."
- 2. Be aware of your body language. Assume an assertive posture rather than aggressive or passive posture.
- 3. Don't apologize!
- 4. Don't blame!

How Assertive Are You Now?

How good are you at doing the following?

1. Using feeling-talk, e.g. "I feel..., I think..."

- ___ good
- ___ OK, but not great
- ___ not good

2. Talking about yourself—accomplishments, frustrations, goals.

- ___ good
- ___ OK, but not great
- ___ not good

3. Greeting people and making "small talk"—being outgoing and friendly, showing an interest in others.

- ___ good
- ___ OK, but not great
- ___ not good

4. Accepting compliments, e.g. "Thanks, I like this shirt too."

- ___ good
- ___ OK, but not great
- ___ not good

5. Using appropriate facial expressions and body language, e.g. making eye contact, smiling.

- ___ good
- ___ OK, but not great
- ___ not good

6. Disagreeing mildly, e.g. "I don't have the same point of view."

- ___ good
- ___ OK, but not great
- ___ not good

7. Asking for clarification, e.g. "I don't understand." "That's not clear."

- ___ good
- ___ OK, but not great
- ___ not good

8. Asking for reasons, e.g. "Why do you say that?"

- ___ good
- ___ OK, but not great
- ___ not good

9. Expressing active disagreement, e.g. "My opinion is..." "I think your opinion leaves out some facts."

- ___ good
- ___ OK, but not great
- ___ not good

10. Speaking up for your rights, e.g. "I was next in line." "Please turn down your radio." "You're half an hour late for our appointment."

- ___ good
- ___ OK, but not great
- ___ not good

11. Being persistent, e.g. restating a complaint, disputing resistance, not giving up after 1 or 2 no's, saying "This is important to me."

- ___ good
- ___ OK, but not great
- ___ not good

12. Not justifying every opinion, e.g. refusing to go along with the "Why" person, saying "That's just the way I feel." "Those are my values." "That's the way I see it."

- ___ good
- ___ OK, but not great
- ___ not good

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